Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1988

Victoria General Hospital

89-05802/

TO:

The Honourable Alan Abraham, C.D.
Lieutenant-Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period of April 1, 1987 to March 31, 1988.

Your Obedient Servant,

Joel R. Matheson

Halifax, Nova Scotia
March, 1988

Joel Matheson
Minister of Health & Fitness

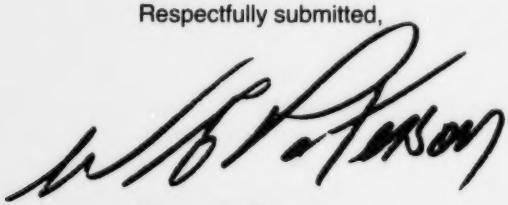
TO:

The Honourable Joel Matheson
Minister of Health & Fitness
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 121st Annual Report of the Victoria General Hospital covering the period April 1, 1987 to March 31, 1988.

Respectfully submitted,



Wayne C. Paterson
Chairman
Board of Commissioners
Victoria General Hospital

Mr. Wayne C. Paterson
Chairman, Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Paterson:

I am pleased to submit the 121st Annual Report of the Victoria General Hospital for the period from April 1, 1987 to March 31, 1988.

The Victoria General Hospital continued in its role as the primary adult tertiary care hospital for the region. It continued to expand and excel in patient care, education and research.

One of the most significant areas of growth this year was in the care of patients with heart disease. The VG performed 3,570 heart catheterizations in 1987-1988—an increase of 43% over the previous year. Heart catheterization is a diagnostic procedure performed to determine the extent of blockage in the coronary arteries, and the findings often lead to the performance of an angioplasty, a technique in which a balloon is inflated inside a blood vessel to clear any plaque obstructing the vessel. The number of angioplasties performed increased significantly as the year progressed.

The number of open heart surgeries rose dramatically to almost 1,000. Meanwhile, plans for heart transplantation progressed.

The VG installed the only skin bank east of Alberta in July, 1987. Purchased with funds donated by the Nova Scotia Firefighters Burn Treatment Society, the skin bank was dedicated to the organization in a formal ceremony.

An orthopedic surgeon was recruited to oversee the bone bank and continue bone transplantation.

Liver and kidney transplantation continued but a nation-wide shortage of donor organs had a significant impact on the number of procedures that could be performed. However, this year saw the VG linked to a national registry for patients awaiting organ transplants. The transplant program continued to emphasize education and general public awareness with regard to organ donation and transplantation .

The number of AIDS patients continued to grow with 14 new cases

diagnosed. Meanwhile, new blood and body fluid precautions were developed to be used with all patients.

A Hereditary Bleeding Disorders Clinic was established in January, 1988 to care for adult haemophiliac and bleeding disorder patients.

Severe financial constraints in our laboratories has had an impact on the delivery of service. Major equipment, some 15 to 30 years old, is in urgent need of replacement. Because of equipment age and condition, the number of tests performed has been reduced on an increasing number of specimens.

The Department of Diagnostic Radiology remains the single largest hospital radiology department in the nation with 204,000 examinations. The department is completing participation in a multi-centre national breast screening study. A new CT scanner and the region's first magnetic resonance imager (MRI) are expected to arrive in the fall of 1988.

In the Department of Emergency Medicine, plans were finalized and approval was received for the renovation of clinical areas. Thanks to the Victoria General Hospital Auxiliary, the department acquired a computerized medical information system. The hospital's ambulances responded to 2,458 emergency calls and performed 1,392 routine patient transfers. Two new ambulances were purchased when the old vehicles failed mechanical and safety inspection. Meanwhile, planning started for ambulance attendants to begin an Advanced Airway Management Training Program.

In psychiatry, the number of patients with eating disorders have been increasing steadily. Inservice training for nurses involved with eating disorder cases was conducted. Meanwhile, the neuropsychiatry program has been developing, admitting complex cases requiring special investigations available only at the VG.

Sunshine Retreat, the hospital's summer dialysis facility completed its second successful season on Prince Edward Island. The number of hemodialysis procedures for the department overall totalled 5,809 for the year.

A year after installing the Extracorporeal Shock Wave Lithotripter, planning began to apply its use to dissolving gallstones. The lithotripter disintegrates kidney stones via shock waves, eliminating the need for surgery in many cases.

In Oral and Maxillofacial Surgery, 4,600 patients were seen and research into jaw biomechanics continued.

The hospital's nursing services faced the challenge of providing nursing skills and care, often with new treatment methods and surgeries, without additional staff. Specifically, the year saw nursing staff shortages in intensive care units and operating rooms at various times.

Post R.N. Short Courses, including critical care nursing programs, were transferred to the Educational Services Division from Nursing Services. Immediately upon transfer, the critical care program was expanded due to an acute nursing manpower shortage in critical care areas. The annual number of graduates is now 45. Twenty-seven were educated specifically for the Victoria General Hospital.

Basic Life Support courses were centralized to Educational Services and Medical Terminology and Medical Transcriptionist Programs were transferred from Personnel.

In Special Services, food services are moving toward enhanced menus and services through an entrepreneurial approach. Pastoral Care held a conference in February, 1988 focusing on patient confidentiality. Pastoral Care now provides services to 80% of all VG patients. The total number of patients requiring the services of the Patient Representative decreased slightly but the number of problems and concerns increased. An average of 195 contacts with the Patient Representative were made monthly. The Physiotherapy Department workload is increasing due to the increasing number of open heart surgeries and cystic fibrosis patients. This year the Value Improvement Program reviewed coronary artery bypass. A total cost savings of $175,000 was realized. The total cost savings overall since the beginning of the program is $330,000. During 1987-88 volunteers contributed 27,838 hours of service.

The hospital experienced a $7 million gross expenditures deficit for the year. Equipment acquisitions were limited to emergencies and the potential impact of the problem continued to be a source of concern. If the VG is to maintain its current role, a realistic capital acquisition and replacement plan must be put into place. Further, increasing sophistication in methods of care incurs increasing operating costs. Failure to maintain an appropriate funding base will result in reduction of available services.

At the request of the hospital's finance department, auditors investi-

gated a significant discrepancy in inventory records for 1986-87. Remedial activity as a result of the study consumed the last eight months of the year. The hospital looks forward to a new, in-house financial management computerized system. Implementation begins next year.

In Management Engineering, a full service computer user centre was created and heavily used by all VG departments. Base software for Hospital Management Information Systems was fully developed but a shortage of capital funding for equipment has hindered implementation of the system. One of the most advanced in Canada, it is being implemented in other hospitals nationally and internationally.

The hospital saw an increase of 44.2 percent over last year in preventative maintenance and general work orders. It must be noted that the hospital's aging physical plant requires a major upgrading program if the VG is to maintain its current role.

The fire safety office was amalgamated with plant engineering resulting in significant benefits in maintenance of fire safety equipment and implementation of fire safety programs.

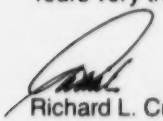
In laundry, a small item folder was purchased and installed. This $30,000 machine resulted in a substantial savings overall. Operation Greenback, a publicity campaign to recover stolen linen and halt further theft, was an overwhelming success.

The personnel department played an active role with the provincial government planning team to introduce a new Human Resources Management System (HRMS) next year. The system will have a significant impact on personnel and finance. If VG requirements are included, this impact will be a positive one for the hospital.

Occupational Health concentrated on environmental problems this year because of increased awareness and expectations in the area. This will continue due to the requirement that the Workplace Hazardous Materials Information System be in place by October, 1988. Occupational Health also implemented a Back Education Program and coordinated the implementation of the first phase of the Hospital's non-smoking policy.

In closing, I would like to extend my thanks to all staff of the Victoria General Hospital and to the Board of Commissioners for their hard work and support during what has been a very busy year.

Yours very truly,



Richard L. Criddle
Executive Director

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BOARD OF COMMISSIONERS

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Mr. J. Kenneth Brown
Mrs. M.W. Fenton
Mrs. Florence MacGillivary
Mr. W.W. Hirtle
Mrs. K.G. Norman
Mr. David Zive
Dr. A.J. Bodurtha

ADMINISTRATIVE STAFF

R.L. Criddle, Executive Director
E.V. Haldane, M.D., F.R.C.P.(C), F.R.C.P.(E), Medical Director
M. Grantham, R.N., M.Sc.(A), Director, Nursing Services
J. Magee, R.N., B.Sc.N., Director, Educational Services
J.A. Stewart, B.Sc., P. Dt., Director, Special Services
D.M. McNaughton, C.D., B.A., M.H.A., Director, Administrative Services
John Theriault, Director, Operations
Ron Buckley, Director, Personnel
Brian Shorter, Director, Management Engineering
Wayne Marsh, Comptroller

CLINICAL DEPARTMENT HEADS

Dr. S.A. Awad, Urology
Dr. D.B. Fraser, Diagnostic Radiology
Dr. R.C. Fraser, Gynecology
Dr. C.E. Hope, Anaethesia
Dr. R.O. Holness, Neurosurgery
Dr. M. Murphy, Emergency Medicine
Dr. B. Perey, Surgery
Dr. D. Precious, Oral Surgery
Dr. K.R. Rozee, Microbiology
Dr. D.C. Brown, Family Medicine
Dr. A. Munro, Psychiatry
Dr. G.M. Novotny, Otolaryngology
Dr. D.H. Thomson, Radiation Oncology
Dr. M.A. MacAulay, Pathology
Dr. R.N. Anderson, Medicine
Dr. E.V. Rafuse, Ophthalmology

VICTORIA GENERAL HOSPITAL
1987/88 STATISTICAL SUMMARY

Maximum Beds Available	806	
Average Beds Available	789	
Intensive Care Beds	46	
Hospital Total Area	132,202	sq. meters
	(1,423,017	sq. feet)
Employees Full Time	3,119	
Employees Total Count	4,065	
Admissions	22,281	
Separations	22,385	
Average Census	675	
Deaths	847	
Death Rate	3. 65%	
Patient Days	246,774	
Occupancy	84. 19%	
Average Length of Stay	10. 95	
Days Stay	245,035	
Emergency Admissions	6,595	
Day Surgery Cases	15,042	
Emergency Visits	41,869	
ACC Visits	72,280	
O.R. Cases	24,623	
Inpatient cases	13,289	
Lab Units	25,980,786	
Radiology Exams	208,752	
Inpatient Exams	97,016	
Physiotherapy Attendances	64,439	
Occupational Therapy Attendances	13,009	
Average Acuity Index: General Units	1. 25	
Intensive Care	3. 86	
Meal Days	514,269	
Meals	1,542,807	
Laundry Washed	2,108,152	kg.
	4,653,758	lb.

MEDICAL SERVICES DIVISION

ADMISSION AND DISCHARGE DEPARTMENT

The workload in the Admission and Discharge Department for the 1987–88 fiscal year was as follows:

Inpatient Admissions	22,281
Emergency Admissions	6,595
Emergency Registrations	41,869
Day Patients	15,042
Pre-Admission Testing Bookings	886
Average Daily Occupancy	85.54
Average Daily Hospital Census	675

This year's achievements included implementation of the Discharge Planning Program in the Emergency Department; implementation of the decentralized booking system, whereby a specific staff member is located on a nursing unit and assigned to one or more clinical services; liaising with a nurse from the PEI Hospital and Health Services Commission to improve discharge planning, patient transportation and other logistics for patients from that province; redecorating the Admitting Department and refurnishing the waiting area; and implementation of the computerized Medical Record Chart Requisitioning program and Appointment Booking program in the Emergency Department.

DEPARTMENT OF MEDICINE

In spite of budgetary constraints, the Department of Medicine had to expand several clinical programs to respond to the needs of patients.

The workload associated with the introduction of coronary angioplasty was much heavier than anticipated, and the increased use of thrombolytic therapy in acute myocardial infarction has had important implications that are likely to be even more significant in the next few years.

A Hereditary Bleeding Disorders Clinic provided much needed care to a previously neglected patient population.

The AIDS epidemic required increased resources, while demands for renal dialysis increased substantially as a result of an unplanned reduction in renal transplantation.

A number of changes occurred in academic programs. The first year of the junior clerkships for undergraduate medical students was introduced with minimal difficulty. Support for clinical research continued to increase and involvement of house staff in clinical research projects has been maintained. Two additional members of the Department will move to the Dean's Office part-time to assist in faculty administration.

A brief overview of the various services illustrates further changes.

Cardiology

The Cardiology service has been one of the busiest services in the Hospital, having performed 3,570 catheterization procedures in 1987–88, an increase of 43 percent over the previous year. The angioplasty program is expanding, with 469 procedures performed during the year. In October, 1987 a balloon valvuloplasty program began and the third cardiac catheterization laboratory became operational. Great pressures continued on the availability of patient care beds.

The total number of studies performed in the echocardiology lab during the year was 5,583, an 8 percent increase over the previous year. As the Victoria General Hospital is a tertiary care center, approximately 70 percent of patients referred to the echocardiology laboratory require doppler examination. The limited capability currently available has led to long waiting lists.

The echocardiology laboratory continues to provide training for both residents and technologists. During the past year four residents received training. Technologists for other Nova Scotia hospitals receive a comprehensive six-month training course. The growth seen in all sections of the Electrodiagnostic Unit (ECG) Department has continued as anticipated.

A new Marquette Scanning System was purchased for the Holter Lab in the last year. The exercise testing lab was fully utilized this past year to accommodate the expansion in the catheterization lab. The workload of the pacemaker follow-up lab has grown steadily. The introduction of different types of pacemakers makes it necessary for this lab to always adjust techniques and schedules to meet demands.

During the past year, Cardiology participated in the evaluation of a tissue plasminogen activator as a form of thrombolytic therapy for acute myocardial infarction. The agent has recently been approved for use in both Canada and the United States.

In addition to clinical, research and teaching activities, the service contributed to 31 publications and 15 abstracts.

Dermatology

The year has seen great change in the Dermatology service. A CO_2 laser clinic and joint consultation vulva clinic with Gynecology was initiated. The acquisition of a suitable computer program keeps track of the many different schedules which have been developed.

Three physicians obtained suitable training to operate the CO_2 laser. The portable instrument is used in the I.W.K. Children's Hospital and is available for use in the Cancer Treatment and Research Foundation. A full teaching program has been offered to the Victoria General, Halifax Infirmary and Camp Hill Hospitals.

The number of inpatients for 1987 was 204 while outpatient treatment numbered 305, outpatient attendance 4,660 and inpatient consultations 412.

During the year three papers were presented, three video tapes produced, two publications produced and 10 radio presentations given.

Endocrinology

Although the Endocrinology service is now prime based at the Halifax Infirmary, a few beds are maintained at the Victoria General Hospital. The number of patient discharges at the Victoria General Hospital was 23 while inpatient consultation was 179. All clinics operate from the Halifax Infirmary.

Gastroenterology

The Gastroenterology service investigates all G.I. disorders, provides diagnostic procedures, gastroscopy, colonscopy and G.I. Function Tests. The service performed 7,013 procedures for the year, an increase of 4 percent over the previous year.

A nurse and a technician from the unit attended the Canadian Association of G.I. Assistants meeting in Toronto. Nurses and doctors from centers such as New Glasgow, Middleton, Saint John, New Brunswick and Newfoundland have come to the unit to observe. The staff continue to play a major role in patient care, teaching and procedure-

oriented activities and continue to be active in research, especially in the evaluation of efficacy of drugs. A highlight of the year was the regional meeting of the Canadian Association of Gastroenterology, the first local meeting of this national organization outside the Royal College.

Members were responsible for 19 publications, 5 abstracts and numerous presentations.

General Medicine

Admissions to General Medicine in 1987 were 1,102. The large number of patients admitted through Emergency keeps the bed occupancy rate very high and continues to tax the energies of the attending staff. However, the appointment of new staff during the summer of 1988 should improve the situation.

An award was established for teaching excellence in Continuing Medical Education in the name of Dr. Lea Steeves, with the first award made to Dr. Jean Gray.

All members are involved with administrative committees and educational activities.

In January, 1988 a project manager was seconded to the Stroke Team and Geriatric Assessment for a six-month term to redefine and restructure the program. Each team is directed by the appropriate physician. The project manager acts as a contact person, coordinating the team and performing administrative functions.

Members contributed to 8 papers and 4 abstracts.

Hematology/Oncology

The Hematology service continues to occupy approximately 25 beds per day within the Department of Medicine, with approximately 600 admissions per year. Members of the service contribute to both undergraduate and postgraduate education. Two residents were trained in the Hematology program in 1987–88 and three candidates have been accepted for the 1988–89 year.

The Hereditary Bleeding Disorders Clinic was established in January, 1988 in conjunction with the I.W.K. to care for adult hemophiliac and bleeding disorder patients. Nine patients were seen within the first three

months. Members of the service contributed to 11 publications, 21 abstracts and presentations.

Infectious Disease

The inpatient service in Infectious Disease continues to grow. Currently, all patients with acquired immuno-deficiency syndrome (AIDS) are cared for by this service. The number of patients admitted to the service in 1987 was 117 compared to 88 the previous year. Outpatient visits in 1987 numbered 1,377, an increase of 13 percent over the previous year.

During the past year a weekly clinic for HIV infections began. Work continues toward the establishment of a Travelers Clinic which would run in conjunction with Family Medicine. This year marked the beginning of a subspecialty program in Infectious Diseases.

There continues to be a demand for AIDS talks. From January to December, 1987, 60 presentations were made by staff. Staff members published 20 papers, 11 abstracts and contributed to a number of books.

In conjunction with the Departments of Surgery, Urology, Microbiology and Gynecology, a proposal for a centre for the study of infection is being considered.

There are several questions regarding HIV of local interest that are best answered by research programs. For this reason, Infectious Disease is pursuing funding from DMRF and the provincial Department of Health for several projects.

Nephrology

The Nephrology Service continues its teaching in undergraduate education and staff also contribute to continuing medical education programs. There were 182 admissions to Nephrology. Bed occupancy rates were often well in excess of 100 percent with the average length of patient stay 22 days. Continuing care was provided on an outpatient basis for approximately 500 renal transplant recipients.

The volume of clinical activity pertaining to renal transplantation was markedly reduced compared to the previous year. A significant increase in activity occurred in the In-Centre Hemodialysis Unit. The total number of hemodialysis procedures was 5,809—chronic total care 5,112; self care 412; acute 267.

The director of the Dialysis Program and the dialysis nursing supervisor continue to be responsible for satellite programs based at the Izaak Walton Killam Hospital for Children, Sydney City Hospital and Yarmouth Regional Hospital. Total hemodialysis procedures performed at these institutions totaled 685, 2,334 and 853 respectively. The Home Dialysis Unit also experienced a very substantial increase in activity with a 56 percent increase in the number of CAPD patients trained and a 12 percent increase in the number of clinic visits.

During the summer of 1987, **Sunshine Retreat**—a summer dialysis facility for patients requiring hemodialysis, or CAPD support—was in operation at Cavendish, P.E.I. This was administered as a component of the Home Dialysis Program.

Staff members are involved in research activities in renal physiology and epithelial cell transport. The Service is participating in a Canadian multicentre trial investigating the utilization of genetically-cloned erythropoietin in patients undergoing chronic hemodialysis. Staff was responsible for or contributed to 11 publications and 14 abstracts/presentations.

Neurology

The total number of patients admitted to the Neurology Service was 677, with a bed occupancy rate of 93.5 percent and an average waiting list of 26 patients. Ambulatory Care visits numbered 1,134 patients. Consultation service was provided to the Camp Hill Hospital. Staff members are involved in both undergraduate and postgraduate education and in many research activities, including the Effect of Acute Ischaemia on Peripheral Nerve Capillaries; Neurophysiological, Neuroradiological and Audiological Investigation of Schizophrenics; Parkinson's Disease; and Multiple Sclerosis research.

The EEG and EMG Units combined in May, 1987 to form the Neuroelectrodiagnostic Unit. The administrative process was simplified and EMG was given access to the staff it so urgently needed. The number of electromyograms and nerve conduction studies increased by 12 percent. The new testing modality introduced in 1986, Somatosensory Evoked Potentials, increased from 12 patients in 1986–87 to 25 in 1987–88.

Using funds provided by the Victoria General Hospital Foundation, equipment required for the performance of Single Fibre Electromyography is being purchased.

Residents were responsible for 12 publications while staff members produced 25 publications. Residents and staff were responsible for 11 presentations. Four book chapter contributions were made.

Physical Medicine and Rehabilitation

The main base for clinical services and a major part of the research and teaching base is the Nova Scotia Rehabilitation Centre.

Total clinical load for Physical Medicine and Rehabilitation increased in all areas. This has occurred in all hospitals and in outpatient clinics. When construction on the Rehabilitation Centre is completed, another 52 beds will be available. It will also provide more clinic staff space and additional research laboratories. Members are involved in teaching undergraduate, graduate and continuing medical education. Consulting, inpatient and outpatient services are provided to the Victoria General Hospital, while consulting service is provided to the Halifax Infirmary, Camp Hill Hospital, Izaak Walton Killam Hospital for Children, Canadian Forces Hospital, Halifax Civic Hospital and Grace Maternity Hospital.

Members of the service contributed to 18 publications and several presentations were given throughout the year.

Respirology

Respirology activities continued to be demanding, requiring the full and extended effort of staff. In Hyperbaric Medicine, the patient treatment category shows an increase over the 1986–87 fiscal year. The number of patient treatments was 533 and compressions numbered 1,094, a 32 percent increase over the previous year. Major projects for the upcoming fiscal year include the recruitment and training of an adequate number of critical care nurses. The Unit is participating in the formation of Commercial Diving Standards with the Nova Scotia Commercial Divers Council.

The growing workload in cardiovascular I.C.U. has required that Respiratory Therapy be staffed daily during the normal work week. The total workload for the year was 1,648,642 units of work, based on Statistics Canada Workload Measurement System, which is a 12 percent increase.

Two therapists were certified as Cardiopulmonary Resuscitation (C.P.R.) Instructors.

A new pulmonary function system was installed which has vastly improved testing techniques. There were 2,487 P.F.T.'s performed in 1987–88; there were 148,827 blood gas analyses, an increase of 7 percent over the previous fiscal year; and 45,912 cooximetry determinations, an increase of 12 percent.

In April, 1987 there were 23 patients in the Home Oxygen Program. At the end of the fiscal year there were 27 patients on the program, with a waiting list of seven patients. There were eight deaths during the year, bringing the total number of patients assessed to 35.

A new clinic was approved to start at the Dartmouth General Hospital to service Dartmouth area patients. Teaching sessions continued for other members of the health care team. A volunteer socialization program was initiated in July, 1987.

Along with their involvement in teaching and research, members of the Respirology Service contributed to two publications.

Rheumatology

The Rheumatology Service continues to be involved in resident training, undergraduate teaching, continuing medical education, research and clinical activities. A total of 270 inpatients were treated during a 12 month period; 204 patients were seen in consultation; 2,515 outpatients were seen during the year. Pressure on Ambulatory Care resources continues to mount. Several staff members have waiting lists of six months for new referrals.

Members contributed to 17 publications, 19 abstracts, 9 papers and 1 book review.

DEPARTMENT OF SURGERY

The Department of Surgery had an active and progressive year. Highlights of the year included completion of a review of the Division of General Surgery; appointment of a permanent head of the Division of General Surgery located within the Hospital complex; continued emphasis on identifying space requirements, staff requirements and other support services necessary for General Surgery and particularly for Ambulatory Care service; continuation of identifying and describing programs within the Department and the development of new programs as required; appointment of a new thoracic surgeon to General Surgery D

service; appointment of an additional surgeon to General Surgery C service, who has responsibilities for surgical infections, critical care and specific projects; start of a study on the cost and quality of patient care in the Surgical Intensive Care Unit; acceptance of a laser therapy program to be used primarily for pulmonary lesions, but eventually to expand the therapy for other conditions; completion of the planning and funding approval for the operation of the Skin Bank; appointment of a new plastic surgeon with specialty in cranio-facial surgery; appointment of a new orthopedic surgeon whose main responsibility is the operation of the Bone Bank; completion of the planning for a Heart Transplantation Program; addition of a new cardiovascular surgeon to staff; involvement of Cardiovascular Surgery in the use of human homographed tissue for aortic valve replacement; certification of the cardiovascular lab technician as a qualified surgical vascular lab technician and the only certified technician in this area; start of a planning proposal for the use of lithotripsy for gallstones; the participation of Cardiovascular Service in a study aimed at reducing hospital costs for patients undergoing a certain type of by-pass cardiac surgery.

Workload Statistics

Admissions	
General Surgery Inpatient Admissions	4,226
Orthopedic Inpatient Admissions	2,031
Plastic Surgery Inpatient Admissions	882
Cardiovascular Surgery Inpatient Admissions	1,048
TOTAL ADMISSIONS	8,187
Visits	
General Surgery Ambulatory Care Visits	4,904
Cardiovascular Surgery Ambulatory Care Visits	1,532
Orthopedic Surgery Ambulatory Care Visits	17,050
Plastic Surgery Ambulatory Care Visits	6,833
TOTAL VISITS	30,319
Operations	
Daypatients	
Cardiovascular Daypatients	19
Orthopedic Daypatients	1,733
Plastic Surgery Daypatients	2,234
Surgery A Daypatients	464
Surgery B Daypatients	532

Surgery C Daypatients	364
Surgery D Daypatients	116
	5,462
Emergency Patients	
Cardiovascular Emergency Patients	2
Surgery B Emergency Patients	1
	3
Inpatients	
Cardiovascular Inpatients	1,429
Orthopedic Inpatients	1,881
Plastic Surgery Inpatients	819
Surgery A Inpatients	919
Surgery B Inpatients	915
Surgery C Inpatients	965
Surgery D Inpatients	909
	7,837
TOTAL OPERATIONS	13,302

DEPARTMENT OF GYNECOLOGY

The Department of Gynecology had a busy 1987–88. Two additional beds were acquired, bringing the total to 46. Half of the beds are assigned to the Gynecologic Oncology service with the remaining beds assigned to Gynecology, Endocrinology and Infertility Surgery, and Pregnancy Termination. These program areas are each headed by a specific gynecologist.

The Ambulatory Care Program of the Department has likewise increased. A regular gynecology senior residents clinic is functioning and a clinic dealing with disorders of the external genitalia, or vulvar clinic, was started. This latter project, a joint venture of the Department of Dermatology and the Department of Gynecology, appears to be functioning very well. Additional colposcopy clinics were implemented.

Teaching responsibilities of the Department continued at a high level. A staff physician makes daily rounds and is actively involved in teaching clinical clerks, interns and the resident staff. Residents are involved in rounds specifically designated for them, either of a walk-around nature on the Gynecologic Oncology Unit or as a case presentation discussion pertaining to Gynecology cases.

The position of senior resident within the Department has been found to be a most rewarding one by the residents who have rotated through this experience. The Post Graduate Education Committee of the Department has endorsed its continuation and primarily third and fourth year residents now function in this position—as an elective during training years. The enhanced clinical responsibility as well as the administrative duties expected from them are most worthwhile for physicians planning to enter a private practice setting.

Research continues to play an ever-developing role within the Department. Research projects in Gynecologic Oncology in cooperation with the Cancer Research and Treatment Foundation of Nova Scotia as well as clinical trials in association with the National Cancer Institute continue to take priority. Gynecology research projects are underway dealing with pelvic inflammatory disease. Recent completion of a survey of Pregnancy Termination patients revealed that following the outpatient procedure very few complications occur. The Department will continue to develop its research facility both in the clinical and basic sciences in the years to come.

DEPARTMENT OF EMERGENCY MEDICINE

In the 1987–88 fiscal year, 41,843 patients were registered in the Emergency Department. Of these, 6,602 were admitted as inpatients. The five year trend reveals a steady increase from 1982–83 peaking in 1985–86. Total visits dropped by 6.3 percent in 1986–87 and this fiscal year's total visits shows a slight increase of 0.4 percent.

The percentage of patients admitted in this fiscal year was 15.8 percent. The percentage of visits that are admitted has slightly increased each year over the past five years.

The Emergency Room Physician (ERP) staff became fee-for-service in the fiscal year and the group increased in size from eight to nine. On-call coverage was instituted to supplement the floor coverage of one ERP around the clock and a second ERP from 1000 to 2200 hours. There were three resignations from medical staff. Three new attending staff were appointed. Shortages of qualified nurses in the Department created staffing difficulties throughout the year.

Plans were finalized and approval received for the renovation of clinical areas of the Department. This followed considerable concern with poor ventilation and unreasonable temperatures in several treat-

ment rooms. Construction is expected to be completed in early 1989.

A proposal was developed to create a new staff position responsible for both the initial assessment of incoming patients and the Department's communication needs. At the end of the fiscal year the proposal was pending Management Board approval-in-principle. Approval is expected and implementation is scheduled for early 1989.

A discharge monitor was assigned to the Emergency Department to review discharge policies and procedures. Recommendations were made following the review and many of these were implemented, with the discharge monitor providing staff education and ongoing monitoring.

The decision-making and problem-solving structure of the Department developed into a system of two working groups which met bi-weekly. The Operations Committee included all management staff and addressed topics relevant to the overall Department. The Management Committee included the manager, head nurse, clinical department head and assistant to head and addressed topics specific to medicine and nursing. The Emergency Department continues to be one of the few clinical departments with a structured team approach to management which includes medicine, nursing, support groups and administration.

Evaluation of the nursing workload in the Department has been an ongoing problem, stemming from the lack of patient specific data. The consequence has been less than optimal use of nursing staff and the inability to schedule staff according to patient demand. The role of the charge nurse has undergone changes so that one nurse can effectively coordinate patient flow and the allocation of resources to meet the needs of patients.

Through funds made available by the Auxiliary, the Department purchased the Micromedix computerized medical information system including Poisindex, Drugdex and Emergindex. The data is stored on a compact disk and the state-of-the-art installation allows for instant retrieval of thousands of abstracts, treatment protocols and diagnostic guides.

In cooperation with the Management Engineering Department, a high density bin storage system was installed in the Emergency Department. This system, the second of its kind in the Hospital, reduces inventory, increases turnover and makes better use of space.

The Ambulance Service responded to 2,458 requests for emergency assistance and 1,392 routine transfers. The patient transfer van moved 1,574 patients on scheduled trips between this Hospital and the Halifax Infirmary. The five year trend reveals a slight annual decrease in the number of emergency response trips since a high in 1983–84 of 2,955 trips. Two new ambulance vehicles were purchased when the old equipment failed mechanical and safety inspection.

Ambulance staff underwent bi-annual recertification of the Emergency Medical Assistant-Level 1. Monthly recertification of the defibrillation protocol was required through the year. Planning started for the Advanced Airway Management Training Program.

DEPARTMENT OF RADIATION ONCOLOGY

The Department of Radiation Oncology remains heavily involved in clinical research, including National Cancer Institute studies. The Medical Physics Division remains committed to research. The main thrust is in the field of hyperthermia in collaboration with the Technical University of Nova Scotia and with the Department of Dentistry of Dalhousie University.

During 1987–88 there has been an increasing workload. At present, an active search is underway for a new Department head in collaboration with the Cancer Treatment and Research Foundation and Dalhousie University.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Administrative

The Department of Radiology remains the single largest hospital department in Canada with 204,000 examinations. This represents a stabilization in the exam load which is expected to continue over the next few years.

A third cardiac catheterization laboratory became operational in May, 1987. This involved an eight year old unit that was upgraded prior to being installed in the central cardiac catheterization investigation area. Tenders were received for two new gamma cameras, a body CT and for magnetic resonance imaging. The gamma cameras are expected to be delivered in August, 1988 and the CT and MRI units in the fall of

1988. The Department replaced the old radiology computer information system with a new one from National Computer Systems. This new unit has expanded storage and broadened capabilities, but operational costs are essentially unchanged.

The multi-centre national breast screening study in which the Victoria General participated will be completed in the spring of 1988. The mammography unit used for this project will then be transferred to the main diagnostic department in order to cope with the increasing demands for mammographic examinations.

The Department continues to selectively use the new non-ionic contrast media, with the exception of the cardiac catheterization lab where the non-ionics are used exclusively. Due to the expanded workload in cardiac, there is a significant increase in operational cost for film and contrast media.

Scientific

Academic staff attended 60 scientific meetings, and 40 papers were presented at local, national and international meetings. During the year the Department appointed five postgraduate fellows and hosted three visiting professors. The Department also appointed a research director. Projects included assessment of new contrast agents; collaborative research with Dupont to assess new agents for nuclear cardiology imaging; investigation of diagnostic degradation by using data compression techniques in digital imaging; questor precision radiograph frame; and optical image processing.

The diagnostic radiology residency training program was given full approval following an accreditation survey by the Royal College of Physicians and Surgeons of Canada.

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Clinical Services

More than 4,600 patients were seen and treated in the Department of Oral and Maxillofacial Surgery during the year. Cooperative clinical care was provided for patients who required the additional services of neurosurgery, internal medicine, orthopedic surgery, plastic surgery, ophthalmology and otorhinolaryngology.

Teaching

Department staff conduct undergraduate and graduate teaching to dental students, interns and residents. Several continuing education courses were given during the year. Exchange rotations in clinical education in the residency training program took place with Orthopedics, Infectious Diseases, Anesthesia, Medicine and the Department of Emergency Medicine.

Research

Several research projects are being carried out in the area of jaw biomechanics in conjunction with members of the Department of Engineering, Dalhousie University. Two studies are in progress in conjunction with the Department of Anesthesia at the Izaak Walton Killam Hospital for Children. Research on soft tissue changes following orthognathic surgery began during the year.

DEPARTMENT OF NEUROSURGERY

Admissions were down slightly in comparison with last year. The average monthly admissions in 1987 was 122 compared to 125 in 1986; 27 percent of admissions were on an emergency basis. In addition, 361 patients not included in the admission statistics were transferred to Neurosurgery.

Occupancy averaged more than 80 percent during most months and the average length of stay was 12.6 days in 1987; 111 patients (7.3 percent) stayed longer than 30 days on neurosurgery. An important development which improved the efficiency of bed usage was the increasing tendency to do out-patient myelography and angiography. This has been possible due to the excellent cooperation of Neuroradiology.

After meeting with Quality Assurance/Risk Management, quarterly statistic reports covering Neurosurgery were received. Three large reviews were done during this period: a continuing study on subarachnoid hemorrhage; a study of head injury patients over the three-month period of the summer of 1987; and review of carotid endarterectomies. Regular monthly death and complications rounds were held throughout the year, proving valuable both from the point of view of QA and for resident teaching.

There were approximately 500 outpatient visits to the weekly clinic.

The Department has coordinated follow-up through the clinic with physiotherapy with regard to brachial plexus injuries and also with the pain management clinic with regard to patients who have had spinal cord implants for pain. There were 793 major and 417 minor neurosurgical procedures performed in 1987–1988.

The CO_2 laser arrived early in 1988 and is being shared between Gynecology and Neurosurgery. Dorsal column stimulation for pain was also done in coordination with Anesthesia. By the end of the year, two patients were implanted.

Family support groups for head-injured patients were started both for inpatients and outpatients. The nursing staff on 2A have supported this venture and a booklet is being prepared for families of these patients. These patients are also followed in the outpatient clinic.

Teaching videotapes for nursing staff are produced with help from the audio-visual department. It is likely these tapes will also be used by the School of Nursing for instruction.

MULTI-ORGAN TRANSPLANT PROGRAM

The Transplant Program placed emphasis on both education for professional groups and general public awareness. The organ procurement officer provided assistance to all hospitals in Nova Scotia and Prince Edward Island interested in establishing policies for organ/tissue donation.

An interdisciplinary committee of health professional organizations designed and produced a seal now used on all correspondence. A button of the same design was produced and is now circulated at all events attended by Program personnel. A number of articles for both health professionals and the general public were published.

For the third year, computer centre staff were funded by an Employment Canada grant. A national registry for patients awaiting organ transplantation was established and the Victoria General's computer was linked to it, providing easy access across Canada.

Research continues to be conducted and a number of papers were presented at national and international meetings on transplantation. The program was reviewed by the American Society of Transplantation Surgeons for Accreditation as a training center for physicians. Verbal approval was received.

The future offers the challenge of increasing the number of donors to provide organs/tissue to the people of Atlantic Canada.

DEPARTMENT OF PSYCHIATRY

Administrative

After considerable delay, physical reorganization of 9A began in July, 1987, resulting in a reduction of beds from 31 to 24. The patient rooms are largely four bed wards but with some additional privacy for patients.

Some functional improvement has occurred. The nursing station is more efficient; there is a three bed observation area; staff have a proper lounge; and there are more available interviewing rooms. Overall, the 9A unit offers greater efficiency and staff morale appears to have improved. The three specialized programs have continued to function and develop, though there are constraints.

A steady flow of clinical clerks, residents, student nurses and other trainees passed through the psychiatric service and the quality of teaching appears more than satisfactory.

Medical

The Eating Disorders Program had difficulty in dealing with the ever-increasing number of referrals, but a system of referral and pre-admission assessment has been organized which maximizes the availability of a consultant. Inservice training has been provided for several nurses who are particularly involved with eating disorder cases.

The Refractory Depression Program is receiving referrals from across the province. Cases are now usually referred by outside psychiatrists who require additional help.

The Neuropsychiatry Program has developed well, collaborating closely with the other clinical neuroscience departments. Admissions presenting complex problems often require special investigations available only at the Victoria General Hospital. The need for highly specialized neuropsychological assessment is urgent, and its lack is seriously reducing the scope of this program.

Over the year, the organization of programs/teams became more

distinct, with inpatient activities running smoothly and efficiently.

The Consultation/Liaison Service provides a constant and useful service to the rest of the Hospital. A variety of psychiatric disorders are seen in the setting of other specialities, providing advice on diagnosis, treatment, behaviour management and disposition.

Clinical Statistics

Admissions to 9A	182
Average Length of Stay	38 days
Average Bed Occupancy	88.3 percent
Number of Consultations	770

DEPARTMENT OF UROLOGY

The Department of Urology continues to have a busy clinical service with patients referred from all four Atlantic Provinces. The major clinical areas of activity are stone disease, urological cancer, bladder disorders, female incontinence and prostatic diseases. The Department is also a major participant in the renal transplant program. Urology clinics continue to expand, with plans for additional clinics for male patients with infertility problems.

The Department continues to be very active in teaching at the post-graduate and undergraduate levels. Three residents completed their training. The new curriculum is now in place and medical students spend three weeks in Urology during their final year. There were two visiting professors during the year.

The Department continues to be active in various research projects, and papers were presented at scientific meetings.

QUALITY ASSURANCE AND RISK MANAGEMENT

The program's workload increased due to the increased number of incident reports, an increase in the number of departments receiving service profiles on a regular basis, and the three year comparative reports on outcome indicators. A major effort to computerize all data handling has been successful. Staff worked hard in developing the program goals and action plans.

There was a decline in the number of diagnosis/procedure-based criteria audits. The following studies were carried out: Gastroplasty review; staging laparotomies for Hodgkin's Disease; bone marrow biopsies; frozen sections; pelvic inflammatory disease; physician response to positive staph aureus results; stapling in bowel anastomosis; CVICU discharges under 24 hours; cardiac arrest response; narcotic control system; and infusion pump survey. Staff continued to receive and log all morbidity and mortality review reports for the Morbidity and Mortality Subcommittee of the Clinical Appraisal Committee. Reporting from many departments has improved. The number of questioned emergency admissions has declined over the last two years; many of these could have been direct admissions.

During the year, 2,216 general reports (about 184 per month) and 721 medication reports (about 60 per month) were received, an increase of 12 percent and 40 percent in reporting over last year. The computer-generated monthly reports to Nursing have been well received, and the computer makes comparison of data far easier and more accurate. Issues identified included falls; delays in transfer; support service shortages and delays; intubation-related tooth damage; incorrectly identified specimens; reports of skin condition on admission; missing/damaged property; miscount of OR instruments/sponges; equipment problems; and professional conduct.

Issues noted include the indicator based outcome screening's gained importance as a key focus for research in the U.S.; the computer literacy of all staff; Ambulatory Care review process in need of development; Bill 21, passed last year, providing privilege (protection from court use) for peer review activities.

INFECTION CONTROL PROGRAM

Surveillance

Routine surveillance on nursing units comprised about 60 percent of two full time positions. Monitoring of surgical wound infections, nosocomial pneumonia and communicable diseases continued.

Infections from clean surgical wounds remained at an average of 1.5 percent per month for the period April–November, a rate well within normal limits. Staff will turn attention (with Infection Control Committee approval) to reporting clean/contaminated surgical procedures for pur-

poses of identifying methods which would improve infection rates.

Water from 21 sentinel water sites was tested biweekly to monitor the presence of Legionella pneumophila. Plant Engineering maintained the chlorine level at 2–3 ppm with the exception of periodic pulses of 10 ppm.

Nine cases of Legionella were diagnosed during the year. Infection Control recommendations implemented during the year appear to be effective strategies in reducing the risk of nosocomial pneumonia.

Fourteen cases of Acquired Immunodeficiency Syndrome (AIDS) were reported during the year.

Outbreaks

There were no major outbreaks of nosocomial infection. In January, Infection Control was alerted to a possible food-borne outbreak on 3B. The investigation that followed did not support a hospital-acquired illness. No further problems were reported.

Methicillin resistant Staphylococcus aureus was isolated in December. Although the patient had been in hospital for two weeks prior to reporting, no secondary spread was discovered. Points of entry were notified and charts flagged to prevent transmission of the organism during future submissions.

Studies

Staff continued to assist in the epidemiological investigation of Legionella pneumophilia through chart reviews, environmental culturing and observation. This study is incorporated in the nosocomial pneumonia surveillance.

The study of Swan Ganz sleeve contamination continued through the year. Approximately 70 sleeves were cultured. The study will conclude when the sample size reaches 100.

Policy/Procedure and Development

Infection Control staff offer consultative assistance on departmental policies and procedures which deal with controlling infections. During the year recommendations were offered on various nursing practices as well

as procedures in Sterile Supply, Cardiac Unit and G.I. Lab. Currently, Infection Control is reviewing procedures in the Radiology unit of the Cancer Treatment and Research Foundation, Radiology-Ultrasound, EMG and Department of Pathology (morgue).

As the result of blood-borne infectious diseases, the Infection Control Committee recommended that used needles not be recapped by hand. This was approved by Medical Staff Executive. Nursing and Infection Control are cooperating in the evaluation of a system of safe needle recapping. Results should be known early in the 1988–89 fiscal year.

Other policy/procedure changes recommended by the Infection Control Committee and approved by the Medical Staff Executive include restricting the use of bedside humidifiers to specific identified cases; an Occupational Health policy for pregnant employees; and changing administration sets of Swan Ganz and arterial lines at 72 hours instead of 48 hours.

In August, 1987, the Centre for Disease Control in Atlanta, Georgia made formal recommendations for universal blood and body fluid precautions. In response to this Infection Control formulated precautions to be used with all patients and updated blood and body fluid precautions. These procedures were approved by Medical Staff Executive.

Work continued throughout the year on the Infection Control manual revision. New policies have been developed and existing policies are being revised. A simple precaution classification system is being designed for approval of the Infection Control Committee.

Education

During the year there were more than 75 formal educational in-services presented to Hospital departments. Regular presentations and demonstrations are scheduled annually to all Nursing and Allied Health Students. A newsletter continued to send information throughout the Hospital on a quarterly basis.

In response to staff concerns over AIDS, a monthly AIDS Forum was implemented. A 20 minute orientation to Infection Control is conducted monthly for all new employees. This year Infection Control staff reinstituted active orientation presentations to all new nursing staff.

The senior nurse, a director of the CHICA-Canada Board, attended

the bi-annual conference in Vancouver this year. Representatives from Infection Control attended several local workshops and seminars. A two day Infection Control event was held in September; "Germ War Fair" displayed educational exhibits on Infection Control techniques, isolation procedures and microbiology.

MEDICAL RECORDS DEPARTMENT

The department received and processed the following records:

Inpatients	22,384
Day Patients	13,417
Ambulatory Care	77,707
Emergency	35,252
Total	148,760

The records of patients requisitioned and sent out totalled 100,529.

There were 5,702 requests by mail, phone or personal visits for patient information from other health facilities, doctors' offices, government agencies and other authorized persons.

There were 2,260,876 lines of dictation (Discharge Summaries, Operative and ACC notes) transcribed.

There were 84 research projects and 141 requests for statistical information.

There were 11 (excluding Emergency) subpoenas and two search warrants served.

There were 97,531 loose/late reports received and filed.

During the past year, 20 students worked in the Medical Records Department for various time periods.

Numerous studies were conducted including Bar Coding; Data Processing Systems; Medical Transcription Services; Clerical Staffing Guidelines; Optical Disk Imaging; Central Dictating Systems; Incomplete Records; Discharge Summaries.

The Accreditation Survey was successful excluding incomplete records. Audits are ongoing and the effort to reduce the number of incomplete records is constant.

Two Medical Terminology Courses and two Medical Transcription Training Programs were conducted. Inservices for supervisors and staff were held regularly.

Among other accomplishments, incomplete records were conducted to terminal digit filing; chart requisitions from Emergency and most floors were computerized; due to a shortage in filing space, a major purge of the permanent file was necessary; numerous revisions and additions were made to HMIS software; monthly rotation of 10 clerical staff was started; a major backlog in medical transcription was overcome by hiring additional staff and receiving assistance from ACC secretaries; non stock contracts were set up for large orders of supplies (chart folder/dividers); department layout was reorganized for more efficiency and ease of workflow; a new reader-printer for microfilm was purchased; the Disaster Response Plan was revised; 11 vendors were investigated with regard to replacing our data processing system.

PROGRAM DEVELOPMENT

This has been a banner year for the Program Development Office—one of progress and change. The Department relocated its offices and moved organizationally from the Administrative Services Division to the Medical Services Division. This latter move reinforces the Department's mandate of effectively planning the delivery and utilization of clinical programs. Aligning the Department with the Medical Services Division provides greater focus for the Department's role and function, enhancing its working relationship with clinical staff.

The Program Development Office ended the 1987–88 fiscal year with an operating surplus of 11 percent. Adjustments to staffing, conservation in supplies and changes to operating procedures account for this surplus.

The part-time position of clinical project researcher was added to the Program Development Office complement. This position is accountable primarily for diagnosis code assignment and program designation for the Clinical Program Registry. With the addition of this position and the subsequent need for a quicker turnaround time for statistics generation, the statistics data entry function was taken over from the Statistics Office. This workflow change has improved the turnaround time for document completion by 150 percent.

The dissolution of the Cost Review Task Force meant that the

coordinator of Program Development relinquished responsibilities as staff support to the Task Force, with the exception of overseeing two projects. The first project was coordinating the publicity and general management of the Hospital's employee suggestion system. This responsibility was turned over to others in October, coinciding with the move to the Medical Services Division. The second was participating in the organizing committee for Operation Greenback, a linen recovery program initiated by the Task Force.

A series of presentations were made by the Program Development Office to the Special Services Divisional Forum, individual departments within Special Services, and the Department of Medicine and the Department of Surgery Chiefs of Service. The presentations identified the Program Development Office's goals, objectives and timetables as well as other ways in which the Department can assist with planning needs.

The Program Development Office assisted the Business Plans Syndicate with developing the format for and approach to business planning at the Victoria General Hospital. In addition, the Program Development Office responded to requests from the Infection Control, Staff Activities, Physiotherapy and Pastoral Care departments for expert assistance in developing departmental long range plans.

The Clinical Program Registry—a means of documenting and analyzing existing clinical activity through consolidating quantitative data—is proceeding on schedule and is now 50 percent complete. This unique project will be used for many purposes such as orienting new staff, reviewing the utilization of beds, staff and other Hospital resources, and allocating resources amongst areas or departments.

DEPARTMENT OF MICROBIOLOGY

Administrative

As in previous years, the operation of the laboratory in an aura of severe financial constraint has produced a host of problems not usually associated with the practice of Medical Microbiology, but certainly impacting on its delivery. With the one exception of the new and re-equipped Virology and Immunology laboratory suites, the Department is functioning with major equipment that is 15 to 30 years old. Only minor equipment has been renewed. This situation can only continue if staff are prepared to forego many recent scientific advances in the diagnosis of infectious disease and to be satisfied with a second-rate diagnostic laboratory. This

would be regretable, since to rebuild from a moribund state would take decades; this laboratory is the only one of its kind in the Atlantic Provinces.

All Divisions had an increase in specimens and satisfied this increase by employing the techniques of batching and automation in the few cases where new equipment has been provided, and by a low tolerance for laboratory frills. This low tolerance has reduced the number of tests performed on an increasing number of specimens.

Computerized information gathering, exchange and dispatch remains a priority with the laboratories in the Department.

The Research and Development Section, in which all AIDS virus technology was developed, has transferred to Virology and Immunology. New projects in flow cytometry, enterotoxigenic E. coli and epidemic enteric adenoviruses are now underway.

Clinical Bacteriology

Overall the Division maintained services for the 12 month period under review despite continued financial shortcomings and changes in laboratory renumeration. Major changes during the year included the arrival of new professional staff and a re-evaluation of policies and procedures to cope with C.D.C. and L.C.D.C. guidelines. Each in turn has impacted on the laboratory and has helped improve the quality and performance of the central reference laboratory for the province.

The numbers of specimens submitted for processing continues to increase. The laboratory has absorbed a 30 percent increase in specimen numbers over the past five years with no budgetary or personnel increases. However, the workload increased by only about 10 percent reflecting the policy of increased automation and providing only relevant bacteriology tests on submitted specimens.

Staff members declined by one this year, bringing the present complement to 23. Staff attended Management Development courses. There were no major equipment breakdowns during the year. Staff continue to rely on outdated equipment.

During the past year safety procedures and techniques were published for laboratories to cope with HIV and AIDS. This necessitated a

review of handling procedures. The necessary precautions were adopted to bring staff up to standard, including safety precautions for handling, transporting and disposing of biological specimens, particularly from known AIDS patients. The laboratory was also involved in introducing hospital-wide blood and body fluid precautionary policies.

Clinical Immunology and Virology

Apart from trying to maintain an efficient and cost-effective operation, the directors had to accommodate a number of changes occurring during the course of the year. The move to the fourth floor highlighted the year's activities; no services were disrupted. Supervisors coped with three staff resignations by reshuffling rotations and training new replacements.

The unit for handling specimens in Immunology was added to the various tests and is no longer included in miscellaneous. The units in Virology have also been changed so they are more representative of specialized cultures.

Immunology and Virology experienced both increases and decreases in some routine tests. The notable increases come from HIV-antibody testing. To increase specificity, the laboratory changed the confirmatory test from IFT to Western blot but continues to use IFT for screening transplant donors because of time constraints. It should be noted that the Newfoundland Public Health Laboratory and the Halifax Infirmary Hospital have begun doing HIV-Ab screening tests but the Victoria General continues to provide the confirmatory test for these laboratories. Increases in routine requests were also noted in CRP, CMV, STAT HBsAg (RPH), due to needlestick accidents, and EBV-Ab testing. To facilitate hepatitis B diagnostic services, we have increased HBsAg (EIA) runs from two to three per week. The concern by physicians over chronic EBV infections became more evident this past year. To assist with the diagnosis of this chronic infection, a number of sera for testing of antibody to EBV-EA have been referred out. Significantly, 10 of 40 sera were positive.

A number of outbreaks occurred during the course of the year. These included adenovirus, picornavirus (likely Norwalk) and Influenza B (by Serology). As more regional and hospital laboratories increased their own routine testing, workload has begun to decrease in certain tests, including RST (Syphilis), RSV, measles and rubella. Other tests and the new diagnostic tests which must be introduced have, however, more than offset this decrease in workload.

Enterovirus typing received some special attention and effort this past year. The typing scheme developed last year enabled specimens to be cleaned up from 1986 to the present. A routine IFT test for varicella-zoster (VZ) antibody was implemented as a screening test for VZ immune status.

Public Health Bacteriology

Due to a policy of financial restraint there were no major equipment purchases. Existing equipment was maintained and repaired with no interruptions in service caused by breakdown. Preparations for computerization were started in the hope to link with the Hospital system in the future.

The number of specimens and units increased in many areas, giving a 6 percent increase in specimens and a 9.8 percent increase in units overall. The decrease in the Respiratory Section is attributed to the continued decline of M. tuberculosis in the province. This section houses and administers the High Hazard laboratory and acts extensively in support of other sections, particularly for the ongoing epidemiological investigation of Legionella and for AIDS diagnosis. The Enteric Section decreased because there were no outbreaks with extensive institutional follow-up as had occurred in the previous year.

There was continued evaluation of new methods in all sections with adoption of improvements. In Special Bacteriology, a monoclonal DFA test was adopted after evaluation to give very high specificity for identification. Medias were evaluated and updated in the Mycology, Enteric, Special Bacteriology, and Sanitary Sections. In addition, the calcofluor white stain was adopted in Mycology and work continued on a more rapid reproducible antifungal susceptibility testing system. Quality control specimen results from national and American surveys continued to be excellent.

The Enteric Laboratory was involved in the investigation of outbreaks of Salmonella heidelberg which caused nine cases in Halifax/Dartmouth in August; Salmonella thompson, which caused 23 cases predominately in the Halifax/Dartmouth area in the autumn, as well as sporadic outbreaks of Campylobacter jejuni and Escherichia coli 0157 in the summer months. Salmonella rissen and Salmonella livingstone were identified in the province for the first time.

The Division continued its involvement in the training of residents for

Medical Microbiology, General Pathology, Infectious Disease, General Medicine and Oral Surgery. In-house training of technologists continued, allowing greater flexibility of staffing in the laboratory.

DEPARTMENT OF PATHOLOGY

Anatomical Pathology

Special Methods

The relatively new technique of embedding and cutting representative tissue samples in glycol-methacrylate (a plastic embedding media) for light microscopy is now an established and routine procedure.

The procedure offers advantage over conventional paraffin techniques in that shrinkage and distortion of samples is reduced and high quality, semi-thin, artifact free sections with excellent resolution are consistently produced. Most stains and histochemical procedures used successfully on paraffin sections can be applied to the glycol-methacrylate embedded tissue sections with little or no modification.

The procedure is longer and more complex than the paraffin technique and, therefore, is generally confined to specific tissue types such as bone marrow specimens on patients with myelodysplastic syndromes and diagnostic lymph nodes where the high quality sections aid in diagnosis.

During the year 151 cases were embedded and cut in glycol-methacrylate.

Routine Laboratory

A technique was developed to replace the museum jars containing wet specimens in a preserving liquid. This new technique is "plastination" of specimens.

With impregnation of fixed biological specimens with a silicone-rubber polymer, the resultant specimen has a rubbery feel, is neither wet or dry, and does not give off any odour. It retains the colour of a formalin fixed specimen and will not deteriorate. Four specimens were first plastinated successfully on a trial basis. A production line of specimens are now being plastinated with a processing time of approximately four months per batch.

Clinical Chemistry

Staff members were active in research and development, with 23 papers published and a further 11 papers submitted or in preparation. There were 34 presentations and published abstracts, reflecting multiple collaborative efforts within and beyond the Division. There was approximately six percent staff turnover during the year.

BREAKDOWN OF PROCEDURES/UNITS APRIL 1987–MARCH 1988

	Procedures	Units
V.G.H. Blood Collection	109,842	878,736
Routine Chemistry—6th Floor	2,713,426	4,537,525
Endocrinology	143,879	2,305,788
Toxicology	34,592	638,911
Environmental	237,876	1,546,715
Total	**3,239,615**	**9,907,675**

Hematology

Hematology consists of seven sections, operating under the director, other medical staff and the divisional chief technologist. These sections are General Hematology, Blood Bank, Microscopy, Hemostasis, RIA Lab, Immunology and Cellular Investigation, each headed by a Lab Tech IV assisted by one or two Lab Tech III's. The main responsibilities of the division are to provide accurate and timely results of Hematologic tests to physicians of the Hospital and the Metropolitan Halifax-Dartmouth area, to provide blood and components for patients of this and three other Halifax hospitals and to act as the provincial reference hematology laboratory.

Workload by Section:

Section	1987–88 Units	%	1986–87 Units	%
General Hematology	1,635,895	33	1,505,559	31
Blood Bank	1,180,214	24	1,074,414	22
Microscopy	577,189	11	711,708	15
Hemostasis	639,937	13	648,052	13
RIA Lab	520,087	10	509,529	10
Immunology	247,807	5	210,342	4
Special Investigations	193,553	4	206,182	4

Workload by Source:

	Units	%
V.G.H. in-patients	2,275,960	56
V.G.H. out-patients	1,220,174	30
Referred from other hospitals	576,267	14

Productivity:
37.6 units / paid hour (standard 35–38)
44 .4 units / worked hour

Staff Turnover: 3 percent

NURSING SERVICES DIVISION

There are approximately 1,200 equivalent positions in the Division filled by staff on a full-time, part-time and casual basis. Nurses contribute significantly to the excellence of patient care and make special contributions to the nursing profession by acting on boards and committees at the local, provincial and national level. In the past year several national nursing specialty conferences were held in Halifax, largely through the organizational efforts of Victoria General staff.

The Nursing Services Division offers many challenges to professional nurses and recognizes the importance of working with nurses to continue their own development in their chosen field and specialty. The nationally acclaimed Clinical Promotion Research Project is a significant demonstration that nurses are highly valued.

One of the biggest challenges the Nursing Services Division faced in the past year was the addition of nursing skills and care to patients with new treatment methods and surgeries without any additional staff members. The number of staff dedicated to the Division has been reduced, partly through transfer of staff and responsibility of the well-developed Nursing educational programs to Educational Services Division, but also through absolute reduction in allocated positions since 1981. These efficiencies may be applauded by our financial backers, but cannot continue at the cost of any additional workload stress on Nursing personnel. Our state-of-the-art workload measurement system will continue to determine the nursing manpower required for patient care. The appropriate match of nursing numbers and skills to meet patients' needs must be maintained.

NURSING ADMINISTRATION

The average daily workload for the year was 1,060 workload units for 691 patients classified with an acuity level of 1.54. Eighty-nine percent of recommended staff were actually on duty each day, reflecting an average daily increase of 19.4 workload units and 5.7 patients classified compared to last year.

The Nurse Staffing System was enhanced during the year, with revisions to the Patient Classification and Quality Monitoring Program components. The Medicus Company completed a major revision of the Quality Monitoring Program criteria to reflect current nursing practices. The Nursing Services Division staff provided input to develop new Operating Room criteria. Nurse observers assigned to conduct the system audits were transferred to this Department. These nurses developed an Observer Orientation Manual.

Nursing supervisors manage the three float pools with a large number of scheduled staff and a smaller number of staff hired for an on-call pool. Casual nurses work on several nursing units to supplement nursing unit staff. Eighty-nine casual staff were hired for the float pools, compared to 125 the previous year. Casual staff resignations decreased from 115 last year to 109. The nursing units continue to hire staff from the on-call pool.

A trial project was conducted to determine if four staff nurses from the Surgical and Medical Float Pools could work in the ICU areas. The nurses attended educational sessions and worked under the direction of senior staff nurses in Emergency, Coronary Care, Medical Intensive Care and Surgical Intensive Care. This project will undergo evaluation.

To date, 24 nursing units have computer terminals with 690 RN's and 90 Ward Clerks trained. Computerization is yet to be implemented on five Surgical Nursing Units and the Critical Care Areas.

The nursing staff on 4 North participated in the Pharmacy Order Entry trial project from August, 1987 to January, 1988. Nursing, Pharmacy, and Management Engineering personnel deferred implementation of Pharmacy Order Entry, as the manual system was quicker for nursing staff to use.

The Nursing Quality Assurance Committee analyzed data and identified 16 Nursing Services Division issues requiring action. Three major

Nursing Manuals were updated. Many Procedures and Standard Care Plans were reviewed or revised during the year. The workload in the Central Nursing Office increased with the responsibility of the Standard Nursing Care Plans activities. In April the Computerized Casual Staff Record System became fully operational proving to be a more effective way to maintain records for casual staff.

MEDICAL NURSING

Variable staffing continued, providing a high level of nursing care. In keeping with the expectations of the Division, the aim was to staff units to approximately 90 percent of the Medicus recommended; the utilization was 85.5 percent. The Medicus Patient Classification System continued to determine workload and staffing needs. Regular audits of this system were carried out to test unit compliance in the use of indicators. The goal was for 85 percent compliance between auditors and units. The Department of Medical Nursing had a compliance of 86.5 percent.

Budget was a major area of concern and all staff conscientiously tried to curb costs because no additional monies were granted in the budget to cover costs of staff raises and increases in the cost of supplies and equipment. This year there was a deficit of $446,217, up slightly from last year's deficit of $440,014. Total expenditure was $10,117,976. The budget was $9,671,759.

The Medical Nursing Department completed the planned integration of in-hospital and outpatient care in the Ambulatory Care Centre. Final integration took place effective January 4, 1988. The Mission Statement was finalized and staff of all medical units discussed ways they could effect the Mission. The Occupational Health and Safety Act received high publicity and all staff in the Medical units were oriented to TB importance.

Major renovations took place on 8 Victoria and 4A. For 8 Victoria this has meant an entirely new nursing station for one wing, improving the appearance of the area and allowing for greater efficiency in nursing. For 4A it has meant relocation of three of the five nursing unit stations. This too has improved the appearance of the floor; corridors are now relatively clear in keeping with the Fire Marshall's recommendations. 8A and 8B relocated medication rooms to larger areas which facilitated nursing in the total patient care delivery system.

Transplantation and care of patients with AIDS continued as major areas in planning and growth. The Medical Nursing group participated in numerous Committees and Task Forces.

SURGICAL NURSING

Accomplishments of the past year included integration with ACC clinics; clinical promotion performance appraisals; computer education on some units; construction of a four bed observation ward on 6 South; the development of a lithotripsy booklet by 5B and 5 South for patient teaching; a Creative Problem Solving Workshop for the Multidisciplinary Team of 5 Victoria; head nurses worked on a task force and developed the Head Nurse Job Description and Competencies; in Feburary, 1988 Cardiovascular Surgery increased its number of surgeries; a part-time clinical instructor assisted in developing nursing assessment skills; the first Intermediate Care Unit Course was held with positive feedback.

Nurses are taking advantage of various educational opportunities and are active in specialty interest groups including ortho, neuro, cardiovascular and oncology. They have represented both the Victoria General and Nursing Associations in the community.

CRITICAL CARE NURSING

Renovations were carried out on 9A this year. SICU, CVICU, and NICU received new monitoring equipment and NICU tested a new shelving system for the storage of supplies. Due to the age of the physical plant, it is expected that renovations or modifications will occur on a regular basis in critical care units.

NICU, RR and CCU were involved in developing new forms to plan and document patient care. Various types of supplies and equipment continue to be tried.

Staffing requirements and hours of operation were reviewed and adjusted in most units. Staffing shortages occurred in the ICUs and ORs at various times throughout the year. Many staff who left ICUs transferred to other ICUs or switched their work status to either full-time or part-time. Nursing staff continue with involvement in professional nursing groups, presenting lectures, speaking at conferences and preparing audio-visual tapes for teaching purposes. Staff expertise is evidenced by the number of requests for information and learning experiences.

The number of day patients cared for in Recovery Room was 49.6 percent of the workload. Despite the opening of an acute observation unit on 9A, the number of patients who required constant care more than doubled last year. 855 open heart procedures were performed in 11B OR this year, 209 cases over the previous year. The number of renal and liver transplants decreased as did the number of donors cared for.

In order to help determine the workload in the ORs and Recovery Room, a workload measurement tool was tested in Recovery Room and 11B OR. This tool, developed as part of the National Hospital Productivity Improvement Program, was determined not to be useful in the Hospital.

Various new procedures were introduced or were provided to more patients, such as output neuro-angiograms, continuous arterio-venous hemofiltration procedures, catheter balloon and valvuloplasty laser therapy.

SPECIALTY SERVICES NURSING

Nursing Services Integration resulted in an additional CNA position. In August, 1987 the position and incumbent were transferred from the Ambulatory Care Centre to the Radiology Department. This assignment made it possible to provide a nursing service to unaccompanied Radiology patients.

Expansion within the existing Kidney Transplant Follow-up Unit occurred through a change in the focus of service from kidney to multi-organ transplantation follow-up. Expansion has numerous impacts in terms of organizational structure, space, costs, workload and staffing requirements.

Integration of inpatient and outpatient nursing services was implemented in five clinical services: Orthopedics, Plastic Surgery, Cardiovascular Surgery, Infectious Disease and G.I. Service. Integration has been completed in 13 clinical services. Pain Management and Kidney Transplant Follow-up Units are the two Ambulatory Care Services that remain unintegrated. Because of the multi-service dimensions of both programs, Nursing Services Integration may not be an appropriate approach. Other options for organizing nursing services need to be explored when future plans for these programs are more clearly determined.

The Hospice Advisory Committee was discontinued in June, 1987.

A new committee will not be established until the need and purpose for a support committee has been fully determined. A proposal relating to Pain Management Education for medical and nursing staff was prepared by a hospice nurse and presented to the Medical/Nursing Liaison Committee in May, 1987. The Hospice volunteer program was augmented by 13 new volunteers who completed an eight week training program. The three hospice nurses attended 10 educational programs relating to developmental needs. They also participated as speakers or facilitators of group discussions in a variety of educational programs sponsored by other groups.

The Cardiac Catheter Unit experienced an increase of 1,045 patient visits (an average of 90 per month) in 1987–88 over the previous year. The increased workload has strained staffing resources despite a 1987 complement increase of 4.5 FTE positions.

A workload measurement and staffing study is currently in progress in the Endoscopy/G.I. Function Unit.

A review of the established Enterostomal Therapy Program was initiated to ensure current needs are met both within the Hospital and in the province. Work has also begun on the development of criteria to measure the quality and effectiveness of the program.

A Volunteer Socialization Program was established in July, 1987 for the Home Oxygen Program.

The total number of hemodialysis procedures in the Renal Dialysis Unit increased by 15 percent over 1986–87. As a result of the increasing workload the nursing staff complement was increased by five positions. The unit organized and operated a second successful Summer Dialysis Facility at Cavendish, Prince Edward Island.

The head nurse of the Vascular Unit assumed responsibility for supervision and direction of the CNA assigned to the Radiology Department.

The VON continued to attend regular paramedical rounds on various medical and surgical floors. Orientation continued for new VON nursing staff and VON staff members. Various family/patient conferences were attended and frequent contacts were made with clinics in outpatient departments. Regular consults were received from various departments, Specialty Services, Social Services and the Cancer Treatment and Re-

search Foundation. This year again there was an increase in the number of referrals.

NURSING PRACTICE DEVELOPMENT

The Department of Nursing Practice Development supports the Nursing Services Division through various research and educational programs/ projects. Major accomplishments of the 1987–88 year included:

- The Clinical Promotion Project continued for a second year with ongoing support from the National Health Research and Development Program grant. This project was presented at national and international conferences. Phase Two of planning continues.

- Two collaborative clinical research projects were initiated with other divisions in the Hospital.

- The Nursing Services Division Orientation program was reviewed and revised.

- Several short-term clinical nursing education programs were implemented.

- An extensive needs assessment of registered nurses was conducted to facilitate planning of educational programing in the 1988–89 year.

- The planning and introduction of the Staff Educational Channel (SETV) was accomplished through a Hospital committee.

Many programs and projects were conducted throughout the year. The Department has representation on approximately 25 committees. Operation and maintenance of Patient Education Channel 13 continues and other methods of providing education to patients are under review. Many Standard Nursing Care Plans were revised and approved. Requests for information, assistance and educational programs were received regularly from both within the Hospital and external sources.

EDUCATIONAL SERVICES DIVISION

The Educational Services Division continued to work toward the goal of centralizing educational services at the Victoria General Hospital. In April, 1987 the Post RN Short Courses were transferred from the Nursing

Services Division to the Educational Services Division. A new department was created—the School of Nursing and Post RN Short Courses. Its mission is to provide diploma education and education for advanced clinical practice.

In June, 1987 Basic Life Support courses for hospital employees, medical staff and students were centralized to this Division under the direction of the co-ordinator of Life Support Training Programs.

The Division initiated a project to prepare a long-range plan for health science education at the Victoria General Hospital. In the next year, the proposal for a three to five year plan will be completed for management consideration.

AFFILIATE PROGRAMS

The Affiliate programs office coordinated the placement of 740 affiliate learners who collectively received 6,046 days of clinical/work experience. The statistical function of this office was computerized. A standard Letter of Agreement was signed by 32 agencies.

ALLIED HEALTH PROGRAMS

Priority activities for the Allied Health Program included:

- Accreditation surveys for the Conjoint Training Program for Nuclear Medicine Technology and the School of Radiological Technology. Both programs received full accreditation from the Canadian Medical Association (CMA).

- Expansion of clinical practice sites for student learning in the School of Cytotechnology (required due to curriculum changes) and in the School of Respiratory Therapy (required due to increased enrollment).

- Implementation of three different programs in Diagnostic Medical Ultrasound Technology—a one-month registry exam review program, a three-month program for learners with practical experience and a nine-month program for learners with diagnostic practical experience.

- Development of an agreement between the Victoria General Hospital and other provincial hospitals for students entering the Victoria General Hospital's on-the-job technician training programs.

- Management of the Medical Terminology and Medical Transcriptionist Programs which were transferred to the Department of Allied Health Programs from the Personnel Department in this fiscal year.

HEALTH SCIENCES LIBRARY

The Health Sciences Library continued to work toward centralized library services. An improved system for routing current journals was implemented. A system for the effective management of books and audio-visual materials loaned to departments for extended periods was implemented. A proposal was submitted for an improved computer literature search service including the purchase of CD-ROM equipment. Eight hospital departments moved departmental library holdings to the central location. Meetings were held with divisional management forums and departments to promote library services. An extensive quality assurance program was implemented for the library, receiving praise from the 1987 accreditation survey team.

Feedback from the annual conference of the Canadian Health Libraries Association revealed that the Victoria General Hospital is a leader in the organization of library services and in its responsive approach to the needs of patrons.

MANAGEMENT DEVELOPMENT

The Department of Management Development continued to work toward two overall objectives: Coordinating developmental activities to enable managers to improve managerial skills; initiating and participating in developmental activities to promote a concept of management and foster esprit de corps among managers at the Victoria General Hospital.

These objectives are realized through Program Service, Consulting Service and Information Service. Program Service included 2,000 hours of programming. The Consulting Service provided 500–600 hours of service. A major thrust of the consulting service is facilitating team development within departments and units.

Major projects of the Department of Management Development which have furthered objectives include creativity and teamwork training through workshops and follow-up work; the Performance Management System is planned and training is now being implemented; Managers Styles Projects are coordinated to define manager roles and accountabilities and to implement standardized business plans; management

workshops are presented to assist managers and supervisors in establishing staff training and development programs.

A year-end reassessment of training needs was conducted and planning is underway for appropriate program development.

SCHOOL OF NURSING AND POST RN SHORT COURSES

The School of Nursing continues to provide quality diploma nursing education. The School graduated 95 students in June, 1987. Ninety-eight percent were successful on the first writing of the National Registration Examination. In evaluating graduates' work performance, 72 employers were surveyed. Ninety-five percent found graduates were meeting or exceeding employment expectations.

Included in the Post RN Short Courses are the following programs: Critical Care Nursing Level I, Critical Care Nursing Level II and Operating Room Nursing Program. Following the transfer of the programs, a priority goal was to revise administrative practices and procedures in accordance with the philosophy and objectives of the Educational Services Division. Simultaneously, due to an acute nursing manpower shortage in the critical care areas, program expansion was necessary. An additional Level I Critical Care Nursing Program with an enrollment of 15 was implemented to prepare new critical care nurses for the Victoria General Hospital. Approval was subsequently received to fund a permanent program expansion, increasing the annual number of graduates to 45. In this fiscal year, 27 critical care nurses were educated specifically for the Victoria General Hospital.

A total of five graduated from the Level II Critical Care Nursing Program, four of whom were prepared for the Victoria General Hospital. The Operating Room program was deferred pending a program needs assessment.

STUDENT SERVICES

Student Services continued to provide a range of support services including the coordination of the resident assistance program, student counselling, registrar duties and centralized room scheduling.

A user satisfaction survey analyzed the effectiveness of the centralized roombooking service. Several concerns were identified regarding the adequacy of signage and space. Space requirements and the efficacy of the roombooking service are being investigated.

General Student Statistics
Class of 1987

School	No. Graduated	Attrition Rate, %
Cytotechnology	4	33.3
Nuclear Medicine	4	0
Respiratory Therapy	12	20.0
Radiological Technology	13	13.3
Nursing	95	14.4

Mean Attrition = 16.2% compared with 21.1% for classes of 1986.

Class of 1988

School	No. of Applications Received	Number Admitted
Cytotechnology	29	6
Nuclear Medicine	N/A	4
Respiratory Therapy	146	15
Radiological Technology	70	15
Nursing	342	103

Total Number of Applications = 587, an 18.5 decrease from classes of 1987.

LIFE SUPPORT TRAINING PROGRAM

A position paper priorizing program objectives was approved for implementation. Since the program commenced, 25 courses have been scheduled for a total of 235 participants.

SPECIAL SERVICES DIVISION

The Hospital Mission Statement was completed this year. The division of Special Services, with its 370 employees and nine departments, responded to the Mission by striving to achieve the following goals: To provide quality patient care; to provide leadership and innovation in the Hospital community; to provide effective communication within Special Services and with other divisions; to promote educational development; and to promote practice and development.

Special Services had an open house with visual displays of how each department brings the Mission Statement to life. Several Special Services department heads developed departmental Mission Statements based on the Hospital Mission.

The commitment to improved communications within the Division and in the community is ongoing. Regular meetings to address mutual concerns and to share information were held among Special Services department heads. To broaden communications, Special Services held presentations and discussions with the executive director, clinical department heads, and the chief executive officer of the Council of Teaching Hospitals. The Division took concrete steps towards improved communications by establishing an interdivisional Hospital Relations Task Force. The mandate of the task force is to discuss existing communication problems, examine solutions to these problems, develop a model for teaching communications throughout the Hospital, plan the method of delivery and design an evaluation tool to assess any changes in communication skills.

Comprehensive Quality Assurance programs were developed for all Special Services departments. Along with quality standards are quantity and efficiency standards. Workload indicators to assist the divisional director in assessing departmental output were developed with the assistance of the statistics office and the directors of Psychology, Social Work, Physiotherapy and Occupational Therapy. Remaining Special Services departments will have indicators developed in the coming year.

Lack of additional funds in this year's budget and manpower planning were topics of concern. Special Services departments are pressed to meet the demands of existing services. New programs brought on without additional funds or positions intensify the problem. The Division is attempting a more participative budgeting approach. Department heads presented their staffing requests to one another and the budget was reviewed to evaluate possibilities of transferring funds within the Division.

Manpower planning is a problem specifically for Physiotherapy, Pharmacy and Psychology. The problem originates with high turnover rates, difficulty in attracting experienced people and shortages in these professions throughout the country.

DIETETICS

The Department of Dietetics pursued its mission of providing quality

food, nutrition and education services to patients, staff, and visitors of the Victoria General Hospital. Long term strategic planning with yearly goals and objectives continues to be the principle style of management.

The functions of the Department are substantiated by the work of several departmental committees. Under the direction of the Quality Assurance Committee, audits were conducted in the areas of client satisfaction, nutrition care, education, administration, food service, sanitation and safety. The Attendance Improvement Program Committee undertook activities to improve attendance and attained a 75 percent participation rate.

The food services area is moving towards enhanced patient and staff menus and service through an entrepreneurial approach to planning and implementation. Highlights in the food service area include special diet product availability to patients, modified special patient menus, vending expansion, availability of bulk baked products for purchase by staff, expansion of the coffee shop as well as proposals to effect productivity improvement and future expansion.

Highlights in the clinical nutrition area include the expansion of clinical inpatient services to gastroplasty, approval of increased staffing in the renal program, development of diets for patients recovering from hiatus hernia and esophageal cancer surgery, establishment of a referral system for hematology services through the outpatient Nutrition Clinic, a weight control program for staff and group weight reduction for the Cardioactive Program. Further clinical nutrition services in Infectious Disease and the Outpatient Hyperlipidemia Program were identified, but manpower is a problem.

FOOD SERVICE	
Patient meals	246,898
Non Patient meals	246,576
Total cost of average meal per day—$	16.02
CLINICAL SERVICE	
Inpatient Consults	2,909
Outpatient Consults	543
Nutrition Clinic Consults	1,506

Education is a major component of the Department's activities. Eight dietetic interns were provided clinical training and supervision in the Department. Dietitians provided lectures to the medical house staff,

nursing and other Hospital staff. Staff training and development courses were attended by a large number of dietary employees.

OCCUPATIONAL THERAPY

Occupational Therapy assists physically and mentally disabled individuals in reaching their optimum level of function and independence. Occupational therapists apply scientific principles to the measurement and evaluation of function and to the analysis of activities associated with work, day-to-day living and leisure interests. Therapists design and supervise a sequential program of activity to restore disabled persons to their maximum level of functioning.

The emphasis in 1987–88 was placed on clinical program evaluation and appraisal of job performance. In the clinical area, objectives were written for all functioning programs and areas requiring guidelines were identified. Occupational Therapy intervention through splinting techniques, criteria mapping of total hip replacement patients and treatment protocols were evaluated. The Department has become well recognized for its abilities in splinting in the Maritimes and throughout Canada. Follow-up studies were conducted on patient compliancy with orthotics and on levels of independence in pre and post operative patients. An evaluation was conducted of educational information retention by rheumatology patients attending patient education sessions.

Areas of underservice were identified as foot orthotics, neurosurgery, vocational assessment and overall outpatient treatment. There is a patient waiting list, increased workload and recruitment problems. Shortage of space continues to deter the Department from providing optimal care. Job performance standards were developed and the Department is reviewing the job performance criteria for excellence in Occupational Therapy in the Hospital. Indepth chart audits are being conducted as both a measure of performance appraisal and quality assurance.

In planning for the future, the Occupational Therapy Department completed a business plan and presented it to the Nova Scotia Royal Commission on Health Care.

PASTORAL CARE

This was the second full year of operation for the Pastoral Care Department which is comprised of a co-ordinator, secretary, 12 chaplains and

50 lay visitors from outside churches plus those involved with the Volunteer Services Department. During the year the focus of the Department was directed towards clarification of the role of Pastoral Care, planning and education.

The role of Pastoral Care is to establish a trusting relationship with patients who are often confronted with spiritual concerns related to the meaning and purpose of life, suffering and death. Chaplains are trained to diagnose patients' spiritual resources and needs, note these in patient charts, and suggest spiritual responses that can be facilitated by other staff. The Department provides services to 80 percent of all patients admitted to the Hospital.

Planning has been a success in the Department with documentation in progress for the following areas: Program development, quality assurance, business plan, practice and procedure manual, Department mission statement and chaplaincy job description. The Pastoral Care Advisory Committee is dedicated to enhancing the role of Pastoral Care and planning for the future.

A review team from the Canadian Association for Pastoral Education accredited the Department as the Centre for Clinical Pastoral Education to be affiliated with the Atlantic School of Theology and Acadia Divinity College. The Department supervised field placements of 10 students this year and offered basic and advanced programs in Clinical Pastoral Education to five students.

A Pastoral Care Conference in February, with the theme of confidentiality, was jointly sponsored by the Department and the Advisory Committee. Several Hospital departments participated with approximately 100 attending.

Chaplains were also involved with several specific programs and committees including Stroke and Geriatric, AIDS, Cardiac Education, Hospice, Multi Organ Transplant, Gynecology Oncology Programs, Medical Ethics, Hospital Relations and the Staff Education Television Service.

PATIENT REPRESENTATIVE

The Patient Representative Program has the primary responsibility of investigating patients' problems/concerns; facilitating communication between patients, hospital administration, and staff; and conducting follow-ups on all concerns. Patient education, Quality Assurance, and

Public Relations are integrated into each of these primary responsibilities. Use of the service has increased each year with demands coming from all service groups including the patient, family, nursing, administration, medical professionals, other hospital staff and outside agencies. Nursing and medical personnel are increasingly making contact with the Patient Representative on behalf of the patient, using the Representative as a mediator to calm a patient or explain Hospital policy and procedure.

More time is being spent talking with administration in finding solutions to recurring problems and concerns. Calls from outside agencies have increased as other hospitals in the Maritimes request information about the program, patient rights or a specific patient concern.

Total cases decreased slightly in 1987–88 from 1986–87 (decrease of 36 cases or 5.4 percent). Although the number of cases decreased, the number of problems/concerns has increased each year.

The Patient Representative contacts approximately seven to eight individuals per case/problem. Total number of contacts per month was 195.

PHARMACEUTICAL SERVICES

The patient oriented nature of pharmacy practice guides activities of the Department of Pharmaceutical Services from drug product selection through compounding and dispensing to the provision of drug information and education programs.

The Department produced several documents in clinical service through initiation of the following programs: Cardiac Medication Teaching; Warfarin Counselling; Residency; and Drugdex Computerized Drug Information. There has been a growth in existing programs including the HMIS data base, and increased volume in Queens Cocktail solutions used in open heart surgery. Other departmental highlights include the auditing of medication storage areas; Lunch and Learn Program initiation; development of intravenous compatability charts; and increased patient teaching sessions.

The training of pharmacy students is ongoing through the Practical Training Program and the Clinical Clerkship Program for fourth year students. The Quality Control pharmacist was involved in the radiopharmacy training of Nuclear Medicine technologists and residents.

Statistical Summary

	Average Yearly Activity
Medication Orders	400,000 reviewed
Prescriptions	140,000 dispensed
Ward Stock Issues	100,000 packaged units distributed
Narcotic Issues	17,500 packaged units distributed
STERILE PRODUCTS LAB:	
Total Parenteral Nutrition	5,200 patient days
Chemotherapy	5,000 doses
Cardioplegic Solutions	4,000 litres
MANUFACTURING:	
Bulk Compounding	2,000 batches and 6,000 packages
Packaging	17,000 packages of tablets/capsules
Radiopharmaceuticals	10,700 doses
Drug Information Centre	1,800 questions answered
Drug Recycling Project	$400,000
Clinical Drug Trials	40 studies
Drug Recycling Project	40 drugs
PATIENT TEACHING:	
Sessions	45
Patients	250

Although the Pharmacy Department had accomplishments over the previous year, serious concerns remain. To bring Pharmacy up to date, a Master Program is being prepared to consider the needs of caregivers. The areas being considered in this plan include new sterile labs, 24 hour coverage, controlled packaging and satellite pharmacies.

PHYSIOTHERAPY

The Physiotherapy Department is dedicated to providing physiotherapy services to inpatients and outpatients in an environment of teaching and research.

The Department started the year with a commitment to implement program evaluation, align clinical services with the program models in the Hospital, ensure adequate funding for continuing education, improve clerical services, review the role of assistants and address the shortage of physiotherapists. Initiatives began in all these areas, contributing to a successful year for the Department. Unfortunately, the most critical problem of attracting and keeping physiotherapists, continues and this seriously affects the Department's ability to accomplish its goals.

Many new developments occurred in clinical services. A cognitive retraining program for acute patients was formalized; staff are participating in the newly formed Head Injury Support Group; the brachial plexus treatment program was formalized; the education package for patients in the Total Hip Replacement program was revamped; weekend service was increased to accommodate the earlier ambulation protocol for total hip patients and reduced length of stay; workload generated by total knee replacements continues to escalate; increasing workload due to increased CVICU and Cystic Fibrosis patients has put pressure on an already stressed service; the Cystic Fibrosis patient population has doubled, doubling patient attendances and tripling treatment time; Phase I of the Cardiac Rehabilitation Program for inpatient and non-surgical cardiac patients was successfully implemented.

Careful caseload management of outpatients allowed the Department to meet standards for waiting time by ensuring timely assessment and accurate program definition. The Outpatient Physiotherapy Department requires equipment replacement and more space. Existing equipment does not allow for some of the more advanced treatment procedures.

The Department has taken a broader role in research, introducing research into the daily routine of staff in such ways as program evaluation, questionnaire development, orientation of new staff and general discussion regarding the direction of research in the Department. Nine physiotherapists were involved in actual studies and seven were involved in related studies. There were two publications this year.

The following projects are currently underway: The role of a physical exercise program in altering the physical activity and body image of patients with anorexia and bulemia nervosa; the effect of continuous passive motion on the post-operative status of patients following total knee arthroplasty; effectiveness of pain-relieving physiotherapy modalities as perceived by chronic pain patients; functional outcome of patients with brachial plexus injuries; range of movement of the cervical spine following halo bracing; management of patients following lumbar surgery; a survey of American, British and Canadian Hospitals.

Through lectures at the Dalhousie School of Physiotherapy and clinical supervision and demonstration, the Department participated in the education of physiotherapy students. Eighty-one student placements were provided for a total of 938 clinical days. The major issue in clinical education for students is the need to increase the number of placements available in order to permit the school to increase enrollment.

The Quality Assurance program addressed weekend competency, patient care appraisal, modality audit, CPR certification, safety issues, chart audit and reorganization of the department program into the model adopted by the Victoria General Hospital.

Statistical Summary

	Inpatients	Outpatients	Total
Attendances	41,157	23,828	64,985
Weighted Units	1,161,941	727,943	1,889,884
New Patients	3,949	2,321	6,270

Analysis of statistics over the past three years indicates more time being spent with each patient and seeing patients less often, reflecting the direction provided by management.

PSYCHOLOGY

Psychology staff assess and intervene with patients who experience a variety of psychological problems. Emotional reactions to chronic, progressive and often life threatening illnesses and injury may disrupt medical regimes. Patients are referred for assistance in coping with pain and disability, often when all possible medical solutions have been tried.

Primary caregivers are demanding Psychology services. A new department director has been appointed and recruitment is a priority. Currently there are two PhD level and three Masters level psychologists to provide all inpatient and outpatient services for the entire Hospital.

Allocation of staff to various clinical services is on a priority basis. Half of the clinical services were dedicated to pain management. One fifth of clinical resources was dedicated to Psychiatry patients, Endocrinology, Gynecologic Oncology and Occupational Health referrals. This year there was also a sharp increase in referrals from other sources including Infectious Disease, Cardiology, Orthopedics, Rheumatology, Nephrology, Renal Dialysis, General Medicine, Gastroenterology and Anaesthesia.

	PATIENTS		PATIENT VISITS	
	New	Return	Direct	Indirect
Inpatients	87	17	218	158
Outpatients	201	394	1,012	294
TOTAL	288	411	1,230	452

In addition to direct clinical service, Psychology provided consultation to physicians, nurses and allied health professionals on psychological aspects of patient care and served on a number of Hospital committees. Staff were actively involved in professional and volunteer organizations in the community and delivered several presentations and workshops to professional and self-help groups in the community.

Research activity consumed five percent of the Department's total resources in 1987–88, resulting in a number of publications, papers and posters presented at national and international conferences. A number of projects are in progress including continued research on the relationship between chronic pain and depressive symptoms, and studies on cognitive inefficiency in sufferers of chronic pain and chronic fatigue syndrome.

Five percent of the Department's time was allocated to teaching. Two members of the Department maintained teaching appointments at local universities and served as committee members for three Masters theses in clinical psychology.

SOCIAL WORK

The Social Work Department assumes that hospitalization represents a crisis point in a person's life as well as an opportunity to change. To help the patient with this adaptation of lifestyle or environment, social workers assist patients with financial discharge plans to be implemented when medical treatment is no longer necessary. The key role of the social worker is discharge planning. In the past year 15 social workers provided discharge planning for 3,285 patients, representing a referral rate of approximately 15 percent. They also assisted 336 patients in staying out of Hospital by dealing with outpatient problems.

The new Social Work Appraisal Tool (SWAT) represents an annual learning experience for both staff and management. The tool quantifies workload measures and examines the key ingredients in being a successful hospital social worker. The SWAT assessment relates to the pro scan workload measurement system which allows staff to account for time allocation, caseloads, standards and the acuity levels developed by the Department.

The Social Work Department was the first to complete a business plan. Additions and updates of this information form the basis of the Department's long range planning.

The association between the Department and the Maritime School of Social Work remains viable. In 1987–88 three Bachelor of Social Work students were provided clinical experience and supervision in the Hospital.

Statistical Summary

	Standard	Actual
Total Number of Referrals	3,360	3,621
Annual Referral Rate	14%	14.87%
Patient/Family Contacts	20,400	19,828
Direct Patient/Family Contact as a percentage of time	60%	96%
Productivity—Time accounted for in percentage	85%	93%
Annual Acuity Level Case Complexity	2.2	2.23

VALUE IMPROVEMENT PROCESS

The Hospital began participation in the Value Improvement Process in 1984–85. At that time a pilot project was carried out in Canada to look at the feasibility of implementing V.I.P. in the Canadian health care environment. Subsequent to the initial pilot project, the Victoria General Hospital undertook a review of myocardial infarctions and total hip replacement between January and June, 1986, using the consulting services of Travenol Canada. A review of cholecystectomies was done between November, 1986 and March, 1987, using the internally developed office of the Value Improvement Process at the Victoria General Hospital.

In the current fiscal year, a review of coronary artery bypass graft surgery was conducted. Recommendations of the task force included reducing the length of stay to five days for elective uncomplicated coronary artery bypass graft patients, reducing the pre-operative length of stay from two days to one day for elective coronary artery bypass graft patients, reducing in-hospital length of stay for cardiac catheterization from three days to two days, purchasing two slush machines for the 11B Operating Room, rescheduling the hours of perfusionists and finally having all three 11B Operating Room theatres running within the first hour of each work day.

The total estimated cost savings for the Coronary Artery Bypass Graft project were $175,000. An evaluation of the first four task forces from the V.I.P., which included Myocardial Infarction, Total Hip Replacement, Cholecystectomy and Coronary Artery Bypass Graft, indicated a cost savings efficiency improvement to date of $330,000 versus a cost to the Hospital of $295,000. This indicated that the Hospital was successful in producing cost savings and efficiency improvements in excess of the cost of running the V.I.P. in the Hospital. As well, the cost savings made by the program would reoccur on an annual basis to a considerable extent, while the costs of running the program were one time costs. This evaluation was completed in June, 1988.

In September, 1987 the Victoria General Hospital embarked on costing for the end stage renal disease project in collaboration with three other Canadian hospitals and Travenol Management Services. The costing for end stage renal disease will be completed in April, 1988.

VOLUNTEER SERVICES

Volunteer Services—with its director, coordinator and secretary—functions as a personnel department for volunteers. There has been a dynamic growth in Volunteer Services provided to patients of the Victoria General Hospital in the past four years. In 1984, 40 volunteers provided area visiting throughout the Hospital. In 1988 there are more than 30 programs, 450 volunteers and 15 support groups. The types of services and skills offered by volunteers have also changed during this growth period. The preparation of program development, interview packages, recruitment and orientation slide shows contributed to the success of the department.

Twenty-six projects and several new programs were completed in 1987–88 and many are planned for the year ahead. These programs and support services include Kidney Volunteer Support Group, Home Oxygen Visiting Program, Hobby Trolley Program, Hospice, Annapolis Valley Shuttle Service, and Admitting and Day Patient Reception by volunteers.

Volunteers contributed a total of 27,838 hours of service in the past year.

ADMINISTRATIVE SERVICES DIVISION

FINANCE DEPARTMENT

The year presented many challenges to the Finance Department resulting primarily, from our request that auditors investigate a significant discrepancy in the inventory records for 1986–87. The findings of a special study were received and were followed by remedial activity that consumed the last eight months of the period under review. Many of the problems derived from an unwieldy system of linkages to several provincial government departments.

The initial funding approval from the Department of Health indicated a $7 million gross expenditures deficit from the beginning of the year. A supplementary budget amendment in January helped to reduce the operative expenditures deficit, however, acquisition of capital equipment was limited to emergencies, with insufficient funds to allow for replacement or upgrading of outdated equipment. This is a problem that must be addressed.

On the positive side, the recruitment of a new manager of accounting, increased micro-computer capability in all areas, and the maturing of the statistics and budget functions brought significant improvements in the quality of service. Highlights included:

- Improved forecasting ability (to within 0.3 percent of actuals)
- introduction of the quarterly financial report
- identification, documentation and resolution of numerous accounting control weaknesses
- incorporation of CHA/MIS guidelines into planned systems enhancements
- contribution to the Price Waterhouse review and resultant project proposal for new, in-house systems
- development of a framework for reviewing the utilization of diagnostic services.

Management's ability to function effectively was hampered by the magnitude of the funding shortfall, the effects of government controls on operating efficiency, and the unavailability of timely and accurate information from government departments.

The potential impact of the equipment problem continued to be a source of concern and the consequences could be severe.

We welcome the promise of a new, in-house financial management computerized system. Implementation will begin in 1988–89, and will continue thereafter, with full implementation planned by 1991.

DEPARTMENT OF MANAGEMENT ENGINEERING

The Management Engineering Department is in its fourth full year of operation and continues to contribute a high economic value to Hospital operations. The Department has two sections, Industrial Engineering and Information Systems. During 1987–88, a workplan of some 42 systems improvement and computer projects was carried out by a staff of 21 professionals. The key strategic thrust of work in 1987–88 has been to promote a greater appreciation of use of the "Information Resource" among Hospital managers.

Industrial Engineering

Over the past 12 months this section has become the definitive source of expertise and systems involving the use of microcomputers. This initiative also led to the creation of a full-service Computer User Centre. This Centre proved to be successful and is heavily used by departments throughout the Hospital.

Several successful key projects were carried out in logistical support areas including an assessment of warehousing services, off-site storage, improved Med/Surg satellite storage and workflow analyses. The Industrial Engineering section played a major role in the Hospital's Value Improvement Program, providing analytical and engineering skills.

Information Systems

Since the conclusion of software development work on the custom patient information system (H/MIS) in March, 1987, work has commenced on implementing its function throughout the Hospital. Although the base software is fully developed, a shortage of capital funding for equipment has hindered implementation of the system in many service areas. Development and implementation of software to support enhanced local capability in areas where terminals currently exist has become the primary thrust of the System Support Team. The base software system is one of the most advanced systems in Canada at this time. It has been implemented in other hospitals nationally and internationally.

During 1987–88, the Halifax Infirmary joined the Hospital to approach the Department of Health for a jointly shared computer centre to serve the Victoria General complex and the eventual Camp Hill Medical Centre complex. Although agreed in principle at an early stage, it is clear that it may take more than 12 months to work the proposal through government approval channels.

In Radiology the next version of the Maxifile computer system was delivered and installed. It is planned to network this computer as a satellite into the Hospital's major H/MIS system.

In the Administrative applications area, the Hospital commenced planning for implementation of a government-wide Human Resource Management System. This is expected to replace the existing central payroll system in 1989.

Representation on major concerns with the Hospital's Financial Information Systems resulted in a study being conducted by Price Waterhouse into the Hospital's global need for contemporary fully-integrated products. This work is expected to conclude with selection of systems and hardware products in 1988.

Other major systems initiatives included evaluation of a pilot project to office automation, preliminary assessment of network requirement, replacement of the current PAS computer, replacement of the Blood Bank computer and development of guidelines governing microcomputer systems.

OPERATIONS DEPARTMENT

Plant Engineering

This year is the second complete fiscal year the Plant Engineering Department has operated under new management. It has once again been a year of significant change and growth, particularly in the areas of employee morale and productivity, building and systems maintenance, and project planning and construction services.

There were 33,776 preventive maintenance and general work orders completed during the year, an increase of 44.2 percent over the same period last year. The increase in work order activity is attributed to increased employee productivity, improved recording procedures and a 24.9 percent improvement in employee absenteeism.

A total of 20,921,650 kilowatt hours of electrical power was used during the year, a 3.8 percent increase over the same period last year. The amount of oil for heating and processing was 2,675,571 gallons, a 4.53 percent increase over the same period last year.

In July, 1987, the Fire Safety Office amalgamated with the Plant Engineering Department. The increased interaction resulting from this union has already resulted in significant benefits in the maintenance of fire safety equipment and implementation of fire safety programs.

In January, 1988, a new staff member joined the Department as facilities inspector with the primary role of chairperson of the Physical Plant Inspection Committee, ensuring that all areas of the complex are reviewed annually.

In an effort to improve the administrative skills of the Plant Management staff, the group attended various seminars presented by the Department of Management Development and Training dealing with management skills, time management and report writing. Regular meetings with administrative personnel from the Department of Government Services and the Plant Engineering Department continued throughout the year. The objective of improving services to the Hospital as a result of these meetings has been significant.

As of March, 1988, a total of 105 capital and maintenance projects were in various states of implementation.

Audio Visual

Requests for videography has increased dramatically over the past two years. Audio Visual is now averaging 13 videos per month. Subjects include patient care, staff training, patient education, role playing and guest speakers.

The Department set up approximately 20 teleconferences over the past year. One of these originated from the Victoria General Hospital and the client was extremely pleased with its success.

The Department was instrumental in establishing the Staff Education Channel. There are eight locations with permanently installed TV receivers designated to receiving this channel. All video distribution over the channel is from the video control center in the Audio Visual Department.

Communications

Several changes were made for better telephone service to patients. In April, 1987, direct out dial for patients was installed so that all calls, local or long distance, now bypass Hospital operators. This also reduces the workload on the Victoria General operators, allowing them to process incoming calls faster.

There were 346 telephone requests processed this past year, an increase of 49 orders over 1986–87. A revision of the VG Directory was printed and circulated.

An FM 9000 was installed in October, 1987. The machine collects long distance calling information and produces department reports. This equipment also replaces the services of the Telecommunications Service Bureau and saves the Hospital $410 per month.

The Federal Government levied a new tax of 10 percent which applies to long distance and service calls. The cost of this increase is approximately $30,000 annually. It was also discovered that approximately 200 phone lines were not being billed. This additional cost will be $60,000 annually.

Bio-Medical Engineering

The major concern within Bio-Medical is the significant increase in expenditure. The total expenditure for 1987–88 was $704,503, compared with $608,271 in 1986–87. The increase is due to the introduction of an electric bed repair and routine inspection program. The major expenditure of the Department lies in salaries and in the purchase of parts and contracted services.

During 1987–88, maintenance and repair services cost $218,493 compared with $163,877 for 1986–87. The major increase in parts costs occurred during the latter half of the year and probably reflects the increasing age and usage of equipment.

Laundry

A new laundry manager appointed in December, 1987 made preventive maintenance on equipment a priority and significant improvements were evident in the first three months.

A small piece folder was purchased and installed during the past year. The machine, which costs $30,000 resulted in the elimination of four full-time positions, producing an annual saving of approximately $80,000.

A major improvement was made to the folders, with the installations of electric photo cells. This increased production substantially improved morale.

Materiel Support

A study on the current store operations was conducted. Various deficiencies in receiving, storage, distribution and work activities were discovered and a series of alternatives for upgrading the various store locations was outlined. Several recommendations will be implemented in coming months.

The managers of Materiel Support, Pharmacy and Accounting met frequently to resolve problems in the current paper flow of the drug procurement process in Pharmacy, Materiel Support, Cost Accounting and Data Entry. Deficiencies were addressed and resulted in procedures being issued. A microcomputer is being used to generate automatically a local purchase order for requesting drugs from the Nova Scotia Hospital.

The co-ordinator of Linen Services conducted a series of studies and, in cooperation with personnel from the ORs, CSR and Laundry, implemented various resolutions.

A task force developed a new supply catalogue designed with the end user in mind; 2,800 line items were placed in family groupings and inventory location identified. A total of 225 catalogues were printed and distributed. Four inservice sessions were conducted with nurses, ward aides and nursing assistants.

Porter Escort

The Porter Escort Service developed an Employee Recognition Program to recognize the valuable contribution of a staff member each month. The development of this award system accomplished reduction in absenteeism; increased production; and increased morale.

The mailroom established a postal agency through the cooperation

of Canada Post. This agency now sells postage stamps to staff and has been well received.

Printing

Production in the duplicating/print section totalled 8,177,144 impressions for the year. This figure represents increased productivity of 16 percent over the previous year, using 318 fewer operator hours.

Savin Canada submitted the successful tender for 30 satellite copiers located throughout the Hospital. Effective January 1, 1988 the cost per copy with the Savin contract was .017 cents, down from the previous contract which was .0196 cents per copy. Copy quality and service response time has been more than satisfactory based on user feedback. The Savin copiers have averaged well over the tender specifications. These specifications were based on previous average annual usage of 380,000 per month. For the first three months, the new copiers were averaging 509,409 copies per month or 34 percent higher than tender specs. This subject will be addressed to detect any irregularities or misuse.

Security

"Operation Greenback" was successfully introduced and will be maintained as the basic vehicle for loss prevention programs. A number of publications resulted in inquiries from across North America. The program resulted in the establishment of Police Liaison Officer positions at the investigation and policy level.

The Security Manager Interest Group (Halifax Region) met throughout the year and culminated in a meeting with Hospital administrative personnel and the solicitor of the Department of Health to discuss Security issues.

Security Services adopted a Departmental Quality Assurance Program which resulted in the following areas being substantially upgraded: Policy and Procedure Manual; Key Control/Key Issue Systems; Lost and Found Procedures; Filing Systems; Patrol Functions; Dispatcher/Communications Function; Incident Reporting/Investigations; Protection of Property Act Implementation.

Most perimeter doors were re-keyed to a new system. High security areas and renovation have had the locks changed or modified. Key

control has been a major problem with approximately 4,000 door locks in the complex.

An Administrative Disaster Response Planning Committee formed and has been meeting to develop Disaster Plans for Operations, Personnel, Finance and Management Engineering. Canadian Accreditation Standards have been written and an effort to have them adopted through various provincial hospital associations will continue.

The parking detail and clerical duties were transferred to the Victoria General Hospital Foundation. In October, Security ceased to have any direct involvement.

Sterile Supply

The operating room linen service experienced many difficulties throughout the year. The appointment of a linen coordinator resulted in some improvement but shortages and irregular supply continued. The appointment of a new laundry manager, the purchase of a small piece folder, the Linen Task Force and the development of an audit between Sterile Supply and Laundry should bring about improvements in the coming year.

A new room was constructed to house the new ethylene oxide sterilizer, the old sterilizer and the small reconditioned sterilizer as well as three aerators. Each sterilizer will be equipped with an Envirogard. This is a system that provides a much safer working environment.

The cidex machines, used for the reprocessing of respiratory and anaesthesia equipment, were replaced with a pasteurmatic system. Substantial cost reduction will occur, as the cost of cidex was $24,000 annually. This change also eliminated environmental problems associated with cidex.

All of the store rooms on the nursing units were rearranged and quotas adjusted. A new storage-bin system was installed in 2A-ICU and a similar one is planned for the Emergency Department.

Sterile Supply assumed the processing of all dressings and supplies for 11A-OR. One full-time position was transferred from the OR.

The task force on the Reuse of Disposables presented its report to the Director of Operations who forwarded it to the Executive Director.

Housekeeping

Modern Building Cleaners commenced its two year contract on April 1, 1987. Modern Building Cleaners introduced a Quality Assurance Program which is being actively followed up. The Acting Executive Housekeeper resigned in February, 1988. The position has not been filled. Plans were presented to contract out the Bethune Building housekeeping chores. This will be finalized in 1988–89.

Ambulatory Care

Clinical patient visits in 1987–88 totalled 77,719, an increase of 2,784 (34 percent) over the 74,935 visits in 1986–87. Significant changes were noted in the following areas: Dermatology, increased by 622; Gynecology, increased by 775; Plastic Surgery, increased by 961; Rheumatology, increased by 762; Urology, increased by 396; Dermatology Treatment, decreased by 670; General Surgery, decreased by 451.

The integration of inpatient and outpatient nursing services was completed during the year in the following clinical services: Orthopedics and 6 North; Cardiovascular Surgery and 6 South; Plastic Surgery and 7 North; Infectious Disease and 8A; GI Service and 8 Victoria.

An evaluation report on the implementation of Nursing Services Integration was completed in August, 1987. The findings were presented at a Nursing Forum meeting and at a Halifax Chapter RNANS meeting. An article on the Nursing Services Integration Project is being prepared and will be submitted to the Canadian Journal of Nursing Administration.

In January, 1988 a new Volunteer Program was initiated for Ambulatory Care. Job descriptions, duty lists, objectives and pertinent information were issued to each volunteer.

The Patient Satisfaction Questionnaire was distributed twice this year. Results from the first survey indicated that 92 percent of the respondents rated overall care as excellent or good. Results from the secondary survey are not yet available.

PERSONNEL DEPARTMENT

The Retired Employees' Association spent the remainder of its New Horizons Grant on the printing of a brochure designed to help out-of-town visitors find accommodations, hospitals, medical centres, restaurants

and other services. It has been distributed to hospitals throughout the Maritime Provinces and has been very well received.

The Attendance Improvement Committee's Policy and Guide underwent several revisions. The revised edition should be a much more effective management tool. The Excellent Attendance Banquet was held in late November and once again attendance among eligible employees was low (35 percent attended this year compared with 38.9 percent in 1985–86). Changes are underway to find a more appropriate form of recognition.

The Victoria General is participating in the Disabled Persons' Training Program. A coordinator was appointed and two projects were submitted, one from Social Work and one from Nursing.

Policies and Confidentiality, Leave of Absence, Transfer of Employees Between Cost Centres, Acting Temporary Reclassifications and Identification Badges have been rewritten and are in final review stages. Other policies are in line for revision. Also, a new Authorization of Employment form, a procedure and step-by-step directions for its use were developed and distributed to managers for comments.

The national shortage of pharmacists led to a revised classification structure within the Civil Service. Pharmacists' salaries were revised on a series reclass basis, ranging from Pharmacist 1A–PR 10 (with less than two years experience) to a Pharmacist 1B–PR12 (with two or more years experience). The existing shortage of pharmacists resulted in PR 12 being used as the intake level regardless of the amount of experience.

Attempts were made to attract new Nursing staff to the Victoria General through participation in a Job Fair and a visit to the Dalhousie School of Nursing. There continues to be a shortage of nurses, particularly for intensive care units.

More than 1,100 employees were hired with an offsetting number of approximately 1,000 separations. More than 3,000 salary increments were processed. Reception handled approximately 20,000 inquiries. Also, 1,121 accidents were reported with 198 involving some lay-off time.

The Personnel Department played an active role with the Government of Nova Scotia's planning team that will be introducing a new Human Resources Management System (HRMS) through all Government Departments next year. The system will be an integrated personnel,

payroll and accounting system. It will be a major innovation for the Government and will impact heavily on the Personnel and Finance Departments within the Hospital. It will be a significant move away from several very small and independent running systems which were supported by a labour intensive manual data input process.

Considerable difficulty has surfaced in the continued application of the new Long Term Disability Program. A number of procedural and policy adjustments were implemented in anticipation of much improved administration in the future.

Staff Activities

The Staff Activities Co-ordinator spent a busy year developing new programs and implementing popular activities for staff. The involvement in patient recreation has changed to one of support due to the heavy workload of staff activities.

Some of the new programs include Counterweight; United Way; Victoria General Recreation Association; VGRA Fitness; VGRA Running; VGRA Ski and Nursing Focus Group. VGRA membership for 1987 was 480.

The initial stages of a Wellness Proposal were developed to suggest the Hospital adopt wellness as a philosophy and goal for employees.

Human Resource Development

A results-based Performance Appraisal System was adopted by the Victoria General Hospital. This system is a continuous performance management process which includes three stages: Planning, Ongoing Performance Management and Performance Appraisal. The Personnel Department and Management Development assigned two trainers to develop and implement this system. The project is a mammoth undertaking, requiring the development of performance plans for 400 job descriptions. More than 300 managers and supervisors will receive training for setting performance standards over the next fiscal year.

Three hundred and twenty-four employees attended the Hospital Orientation Program this year. The program was reviewed and carried out in a new format.

Civil Service employees covered by collective agreements which

were negotiated between the Civil Service Commission and the Nova Scotia Government Employees Union received wage increases during the year. All of the collective agreements contain a clause stating that rates of pay shall be increased by an amount equivalent to the average annual percentage change in the Halifax consumer price index (CPI); all items as determined by Statistics Canada for the 12 month period covering each agreement. There are nine collective agreements and four different expiry dates.

During the year, the Employer and the Nova Scotia Government Employees Union agreed upon terms and conditions of employment which will apply to employees who wish to job-share. There are some administrative details which must be completed before job-sharing is fully implemented.

Occupational Health Department

Programs and services were provided to conserve the health of employees, students and contract workers. Because of increased awareness and expectations, there was greater involvement in environmental programs. This will continue to expand, with the Workplace Hazardous Materials Information System (WHMIS) required to be in place by October, 1988. The Department continued to offer assistance and expertise to other occupational health departments throughout the Maritime Provinces.

A Back Education Program was implemented in April, 1987. An information/promotion kit targeted at managers was produced and an integral role was played in the Awareness Campaign projects. The first phase of the Hospital's non-smoking policy was implemented October 1, coordinated by the Occupational Health Department. Guidelines for pregnant staff were developed.

Smoking cessation programs were held in conjunction with the Canadian Cancer Society. Inservices were given on accidental innoculations and sharps, safety awareness, back education and ergonomics, substance abuse, AIDS awareness, hearing conservation and video display terminal assessment.